

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000025938

**Entity Name:** 1770 NORTH BAYSHORE DRIVE #4601, LLC

**Current Principal Place of Business:**

15751 SHERIDAN STREET #163  
DAVIE, FL 33016

**Current Mailing Address:**

15751 SHERIDAN STREET #163  
DAVIE, FL 33016

**FEI Number:** 83-4343706

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALVAREZ, JAMIE  
15751 SHERIDAN STREET #163  
DAVIE, FL 33331 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            DIR  
Name            REVOCABLE LIVING TRUST N.  
                  BAYSHORE #4601  
Address        15751 SHERIDAN STREET #163  
City-State-Zip: DAVIE FL 33331

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIGUEL MENDIOLA

**TRUSTEE**

**04/09/2019**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date