

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 11, 2020
Secretary of State
9623258565CC

Entity Name: HIALEAH PURA VIDA COMMERCIAL, LLC

Current Principal Place of Business:

C/O MELAND RUSSIN & BUDWICK, P.A.
200 S. BISCAYNE BLVD., SUITE 3200
MIAMI, FL 33131

Current Mailing Address:

C/O MELAND RUSSIN & BUDWICK, P.A.
200 S. BISCAYNE BLVD., SUITE 3200
MIAMI, FL 33131 US

FEI Number: 82-4547593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELAND RUSSIN & BUDWICK, P.A.
200 S. BISCAYNE BLVD.
SUITE 3200
MIAMI, FL 33131 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 AMBR
Name PURA VIDA HIALEAH HOLDINGS, LLC
Address 200 S. BISCAYNE BLVD., SUITE 3200
City-State-Zip: MIAMI FL 33131

Title AMBR
Name RODRIGUEZ, OSCAR
Address C/O MELAND RUSSIN & BUDWICK,
P.A.
200 S. BISCAYNE BLVD., SUITE 3200
City-State-Zip: MIAMI FL 33131

Title AMBR
Name RODRIGUEZ, ANA
Address C/O MELAND RUSSIN & BUDWICK,
P.A.
200 S. BISCAYNE BLVD., SUITE 3200
City-State-Zip: MIAMI FL 33131

Title AMBR
Name BLUMENTHAL, STEPHEN
Address C/O MELAND RUSSIN & BUDWICK,
P.A.
200 S. BISCAYNE BLVD., SUITE 3200
City-State-Zip: MIAMI FL 33131

Title AMBR
Name WOHL, MICHAEL
Address C/O MELAND RUSSIN & BUDWICK,
P.A.
200 S. BISCAYNE BLVD., SUITE 3200
City-State-Zip: MIAMI FL 33131

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: PURA VIDA HIALEAH HOLDINGS, LLC

AMBR

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date