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.

Ρ

#### SIGNATURE: JOSE RECALDE

Electronic Signature of Signing Authorized Person(s) Detail

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L18000233267

Entity Name: REALTY FLAT FEE LLC

# **Current Principal Place of Business:**

16629 SW 117 AVE 4B MIAMI, FL 33177

### **Current Mailing Address:**

16629 SW 117 AVE 4B MIAMI, FL 33177 US

# FEI Number: 83-2122849

# Name and Address of Current Registered Agent:

RECALDE, JOSE 16629 SW 117 AVE 4B MIAMI, FL 33177 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

### Authorized Person(s) Detail :

TitlePNameRECALDE, JOSEAddress16629 SW 117 AVECity-State-Zip:MIAMI FL 33177

FILED Mar 03, 2020 Secretary of State 9745419855CC

Date

Certificate of Status Desired: No

03/03/2020

Date