

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000246427

**Entity Name:** NW 165 STREET A-305 LLC

**Current Principal Place of Business:**

482 NW 165 STREET RD.  
A-305  
MIAMI, FL 33169

**Current Mailing Address:**

482 NW 165 STREET RD.  
A-305  
MIAMI, FL 33169 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JLE REGISTERED AGENT CORPORATION  
1130 WASHINGTON AVENUE  
THIRD FLOOR  
MIAMI BEACH, FL 33139 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            BUENO, GABRIELA  
Address        482 NW 165 STREET RD. A-305  
City-State-Zip: MIAMI FL 33169

Title            AMBR  
Name            HOLGUIN BUENO, JOSE IGNACIO  
Address        482 NW 165 STREET RD A-305  
City-State-Zip: MIAMI FL 33169

Title            AMBR  
Name            HOLGUIN BUENO, JUAN PABLO  
Address        482 NW 165 STREET RD A-305  
City-State-Zip: MIAMI FL 33169

*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:** GABRIELA BUENO

AMBR

05/01/2019

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

\_\_\_\_\_  
Date