

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247268

**Entity Name:** NPL BRICKELL LLC

**Current Principal Place of Business:**

1865 BRICKELL AVE  
A-1005  
MIAMI, FL 33129

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**1118977742CC**

**Current Mailing Address:**

2711 SEGOVIA ST #2  
CORAL GABLES, FL 33134

**FEI Number: 83-2301274**

**Certificate of Status Desired: No**

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

SALDARRIAGA, LUIS  
2711 SEGOVIA STREET #2  
CORAL GABLES, FL 33134 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            NICOLE, SALDARRIAGA  
Address        2711 SEGOVIA STREET #2  
City-State-Zip: CORAL GABLES FL 33134

Title            AMBR  
Name            LUIS, SALDARRIAGA J  
Address        2711 SEGOVIA STREET #2  
City-State-Zip: CORAL GABLES FL 33134

Title            AMBR  
Name            VARGAS, PIEDAD L  
Address        2711 SEGOVIA STREET #2  
City-State-Zip: CORAL GABLES FL 33134

*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: LUIS SALDARRIAGA**

**AMBR**

**02/08/2019**

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

\_\_\_\_\_  
Date