

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000252480

**Entity Name:** UNIT 109 OF 1500 NW 89 COURT DORAL LLC

**Current Principal Place of Business:**

1500 NW 89 COURT  
#109  
DORAL, FL 33172

**Current Mailing Address:**

3030 N. ROCKY POINT DRIVE  
STE 150A  
TAMPA, FL 33607

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

RESIDENT AGENTS INC  
3030 N. ROCKY POINT DRIVE  
STE 150A  
TAMPA, FL 33607 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            UNIT 109 OF 1500 NW 89 CT DORAL  
                  RVC LVG TR  
Address        3030 N. ROCKY POINT DRIVE STE  
                  150A  
City-State-Zip: TAMPA FL 33607

*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: UNIT 109 OF 1500 NW 89 CT DORAL RVC LVG TR    DIR**

**04/24/2019**

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

\_\_\_\_\_  
Date