

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000117517

**Entity Name:** ELBRUS SOUTH MIAMI, LLC

**Current Principal Place of Business:**

2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133

**Current Mailing Address:**

2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133 US

**FEI Number:** 84-5064654

**Certificate of Status Desired:** No

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

CADENA, GUSTAVO  
2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133 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:** GUSTAVO CADENA

09/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name HORWITZ, VIOLETA  
Address 2950 SW 27TH AVENUE, SUITE 220  
City-State-Zip: MIAMI FL 33133

Title P  
Name PERO, ALFONSO  
Address 2950 SW 27TH AVENUE, SUITE 220  
City-State-Zip: MIAMI FL 33133

Title VP  
Name ALLIENDE, CRISTIAN  
Address 2950 SW 27TH AVENUE, SUITE 220  
City-State-Zip: MIAMI FL 33133

Title VP  
Name MONTES, JUAN IGNACIO  
Address 2950 SW 27TH AVENUE, SUITE 220  
City-State-Zip: MIAMI FL 33133

Title T  
Name SOLARI, ANDRES  
Address 2950 SW 27TH AVENUE, SUITE 220  
City-State-Zip: MIAMI FL 33133

Title VP  
Name PERO, MARIA TRINIDAD O  
Address 2950 SW 27TH AVENUE, SUITE 220  
City-State-Zip: MIAMI FL 33133

*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:** JUAN IGNACIO MONTES

VP

09/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date