

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000189026

Entity Name: DRAINAGE PARTNERS LLC**Current Principal Place of Business:**285 NW 199 ST
SUITE 201
MIAMI GARDENS, FL 33169**Current Mailing Address:**285 NW 199 ST
SUITE 201
MIAMI GARDENS, FL 33169 US**FEI Number:** 84-2630483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICOLAS, JACQUES
285 NW 199 ST
SUITE 201
MIAMI GARDENS, FL 33169 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 MGR
Name NICOLAS, JACQUES
Address 285 NW 199 ST, SUITE 201
City-State-Zip: MIAMI GARDENS FL 33169

Title AUTHORIZED MEMBER
Name JOSEPH, JOHNY
Address 285 NW 199 ST
101
City-State-Zip: MIAMI GARDENS FL 33169

Title AUTHORIZED MEMBER
Name COLIN, FREDEL
Address 285 NW 199 ST
101
City-State-Zip: MIAMI GARDENS FL 33169

Title AUTHORIZED MEMBER
Name ROJAS, EDUARDO
Address 285 NW 199 ST
SUITE 201
City-State-Zip: MIAMI GARDENS FL 33169

Title AUTHORIZED MEMBER
Name BONTEMPS, MICHAEL
Address 285 NW 199 ST
101
City-State-Zip: MIAMI GARDENS FL 33169

Title AUTHORIZED MEMBER
Name CASIMIR, KENDELL
Address 285 NW 199 ST
101
City-State-Zip: MIAMI GARDENS 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: JACQUES NICOLAS

MGR

02/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date