

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000270150

**Entity Name:** BREAK POINT MANAGEMENT LLC

**Current Principal Place of Business:**

11410 N. KENDALL DRIVE  
104  
MIAMI, FL 33176

**Current Mailing Address:**

7424 LOS PINOS BLVD  
CORAL GABLES, FL 33143 UN

**FEI Number:** 84-3680057

**Certificate of Status Desired:** No

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

ROSSI, PATRICIO  
7424 LOS PINOS BLVD  
CORAL GABLES, FL 33143 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                   | Title           | MGR   |
| Name            | ROSSI, PATRICIO       | Name            | DAVIN, FRANCO                                 |
| Address         | 7424 LOS PINOS BLVD   | Address         | 151 CRANDON BLVD. EMERALD<br>BAY@K.COLONY#110 |
| City-State-Zip: | CORAL GABLES FL 33143 | City-State-Zip: | KEY BYSCAYNE FL 33149                         |

*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:** PATRICIO ROSSI

MGR

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date