

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000484056

Entity Name: DOUGLAS RESIDENCES LLC**Current Principal Place of Business:**5600 SW 135 AVE STE 106R
MIAMI, FL 33183**Current Mailing Address:**5600 SW 135 AVE STE 106R
MIAMI, FL 33183**FEI Number:** 87-3553542**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEST KENDALL REGISTERED AGENTS INC
5600 SW 135 AVE STE 106R
MIAMI, FL 33183 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	DIAZ-SARMIENTO, GABRIEL S
Address	5600 SW 135 AVE STE 106R
City-State-Zip:	MIAMI FL 33183

Title	MGRM
Name	CURE ORFALE, FAISAL J
Address	5600 SW 135 AVE STE 106R
City-State-Zip:	MIAMI FL 33183

Title	MGR
Name	GARCIA-COHEN, ITAMARA
Address	5600 SW 135 AVE STE 106R
City-State-Zip:	MIAMI FL 33183

Title	MGR
Name	CURE GARCIA, FAISAL
Address	5600 SW 135 AVE STE 106R
City-State-Zip:	MIAMI FL 33183

Title	MGR
Name	CURE GARCIA, NATALIA
Address	5600 SW 135 AVE STE 106R
City-State-Zip:	MIAMI FL 33183

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: GABRIEL SERGIO DIAZ-SARMIENTO

MGR

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date