

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002475

Entity Name: DORAL 8200 OFFICE, LLC**Current Principal Place of Business:**2020 SALZEDO STREET, 5TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2020 SALZEDO STREET, 5TH FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 27-0426251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMERO, RAFAEL G
2020 SALZEDO STREET, 5TH FLOOR
CORAL GABLES, FL 33134 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:** RAFAEL G. ROMERO

03/21/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MBR
Name	CM DORAL BUILDINGS, LLC
Address	2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	P
Name	BARLICK, ANA-MARIE CODINA
Address	2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	ROMERO, RAFAEL
Address	2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	CODINA MANAGER, LLC
Address	2020 SALZEDO STREET, 5TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

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: RAFAEL ROMERO**AUTHORIZED
REPRESENTATIVE**

03/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date