

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027501

**Entity Name:** 123 NORTH KROME LLC**Current Principal Place of Business:**13941 SW 71 LANE  
MIAMI, FL 33183**Current Mailing Address:**13941 SW 71 LANE  
MIAMI, FL 33183 US**FEI Number:** 41-2064678**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE DAVA LIVING TRUST  
13941 SW 71 LANE  
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	MGRM
Name	THE DAVA LIVING TRUST
Address	13941 SW 71 LANE
City-State-Zip:	MIAMI FL 33183
Title	AUTHORIZED REPRESENTATIVE
Name	IGLESIAS, LYDIA M. OPERATIONS M
Address	13941 SW 71 LANE
City-State-Zip:	MIAMI FL 33183

Title	MGR
Name	IAN, IGLESIAS
Address	13941 SW 71 LANE
City-State-Zip:	MIAMI FL 33183
Title	2ND. OPERATIONS MANAGER
Name	IGLESIAS, PLINIO ARNULFO
Address	13941 SW 71 LANE
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:** LYDIA M. IGLESIAS**AUTHORIZED  
REPRESENTATIVE**

01/17/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date