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.

MGR

SIGNATURE: MARK MD HERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010127

Entity Name: AVILES FAMILY COMPANY, LLC

Current Principal Place of Business:

5555 COLLINS AVENUE APARTMENT 15-B MIAMI BEACH, FL 33140

Current Mailing Address:

PO BOX 558990 MIAMI, FL 33255 US

FEI Number: 52-2440307

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HERNANDEZ, MARK M.D. 5555 COLLINS AVENUE APARTMENT 15-B MIAMI BEACH, FL 33140 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:

Authorized Person(s) Detail :TitleMGRNameHERNANDEZ, MERCEDESAddress5521 SOUTHWEST 147TH COURTAddressPO BOX 558990

City-State-Zip:

MIAMI FL 33255

City-State-Zip: MIAMI FL 33185

FILED Feb 05, 2024 Secretary of State 1306762589CC

Date

Certificate of Status Desired: No

Date

02/05/2024