

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038187

**Entity Name:** OCHYRIOS PROPERTIES, LLC

**Current Principal Place of Business:**

18710 SW 107 AVE  
32  
MIAMI, FL 33157

**Current Mailing Address:**

PO BOX 560204  
MIAMI, FL 33256 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HENRIQUES, GOL ESQ  
18710 SW 107 AVE  
32  
MIAMI, FL 33157 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           | AUTHORIZED MEMBER | Title           | MANAGING MEMBER        |
| Name            | HENRIQUES, OWEN   | Name            | HENRIQUES, G.O.L. ESQ  |
| Address         | PO BOX 560204     | Address         | 18710 SW 107 AVE<br>32 |
| City-State-Zip: | MIAMI FL 33256    | City-State-Zip: | MIAMI FL 33157         |

*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:** G.O.L. HENRIQUES, ESQ.

MM

04/07/2022

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

\_\_\_\_\_  
Date