

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000019184

**FILED**  
**Apr 07, 2022**  
**Secretary of State**  
**9355455320CC**

**Entity Name:** THE CHILDREN'S ADVOCACY COMPLEX, LLC

**Current Principal Place of Business:**

THE ANSIN BUILDING  
3250 S.W. THIRD AVENUE  
MIAMI, FL 33129-2712

**Current Mailing Address:**

THE ANSIN BUILDING  
3250 S.W. THIRD AVENUE  
MIAMI, FL 33129-2712

**FEI Number:** 59-0830840

**Certificate of Status Desired:** No

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

MOLINA, CARLOS GENARO  
3250 SW 3RD AVE  
MIAMI, FL 33129 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:** CARLOS G. MOLINA

04/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER  
Name MOLINA, CARLOS G  
Address THE ANSIN BUILDING  
3250 S.W. THIRD AVENUE  
City-State-Zip: MIAMI FL 33129-2712

Title DIRECTOR  
Name DONWORTH, MARY  
Address 3250 SW 3RD AVENUE  
THE ANSIN BLDG.  
City-State-Zip: MIAMI FL 33129

Title INTERIM PRESIDENT AND CEO  
Name ZUBIZARRETA, OCTAVIO JOSE  
Address THE ANSIN BUILDING  
3250 S.W. THIRD AVENUE  
City-State-Zip: MIAMI FL 33129-2712

Title MANAGER  
Name UNITED WAY MIAMI  
Address THE ANSIN BUILDING  
3250 S.W. THIRD AVENUE  
City-State-Zip: MIAMI FL 33129-2712

*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:** CARLOS G. MOLINA

**CHIEF FINANCIAL AND  
ADMINISTRATIVE  
OFFICER**

04/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

