### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106023

Entity Name: NATURA NEW YORK LLC

# **Current Principal Place of Business:**

401 BISCAYNE BLVD S 232

MIAMI, FL 33132

Jun 29, 2020 Secretary of State 6562391810CC

**FILED** 

### **Current Mailing Address:**

401 BISCAYNE BLVD S 232

MIAMI, FL 33132 US

FEI Number: 20-4839334 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CARLOS, ZAMBRANO 12500 SW 91 AVE MIAMI, FL 33176 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	AUTHORIZED MEMBER
Name	CABALLERO, ROBERTO SR.	Name	PAZ, KATHERINE
Address	13728 SW 114 TER	Address	9240 SW 124 STREET
City-State-Zip:	MIAMI FL FL 33186	City-State-Zip:	MIAMI FL 33176

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

 Name
 ZAMBRANO, CARLOS A
 Name
 HERHA, PAZ H

 Address
 12500 SW 91 AVE
 Address
 12500 SW 91 AVE

 City-State-Zip:
 MIAMI FL 33176
 City-State-Zip:
 MIAMI FL 33176

TitleAUTHORIZED MEMBERTitleAUTHORIZED MEMBERNameMARCOS, FERNANDEZNameSIMONE, FERNANDEZAddress15975 STATE HWY 59Address9240 SW 124 STREETCity-State-Zip:FOLEY AL 36535City-State-Zip:MIAMI FL 33176

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.

Electronic Signature of Signing Authorized Person(s) Detail