

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106023

**Entity Name:** NATURA NEW YORK LLC

**Current Principal Place of Business:**

401 BISCAYNE BLVD  
S 116  
MIAMI, FL 33132

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**6993049497CC**

**Current Mailing Address:**

401 BISCAYNE BLVD  
S 116  
MIAMI, FL 33132 US

**FEI Number:** 20-4839334

**Certificate of Status Desired:** No

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

CARLOS, ZAMBRANO  
401 BISCAYNE BLVD  
SUITE S 116  
MIAMI, FL 33132 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  
Name CABALLERO, ROBERTO SR.  
Address 15749 SW 93 STREET  
City-State-Zip: MIAMI FL FL 33196

Title AUTHORIZED MEMBER  
Name PAZ, KATHERINE  
Address 2601 SW 116 WAY  
City-State-Zip: SUNRISE FL 33330

Title AUTHORIZED MEMBER  
Name ZAMBRANO, CARLOS A  
Address 12500 SW 91 AVE  
City-State-Zip: MIAMI FL 33176

Title AUTHORIZED MEMBER  
Name HERHA, PAZ H  
Address 12500 SW 91 AVE  
City-State-Zip: MIAMI FL 33176

Title AUTHORIZED MEMBER  
Name MARCOS, FERNANDEZ  
Address 15975 STATE HWY 59  
City-State-Zip: FOLEY AL 36535

Title AUTHORIZED MEMBER  
Name SIMONE, FERNANDEZ  
Address 9240 SW 124 STREET  
City-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.*

**SIGNATURE:** CARLOS A ZAMBRANO

**PRESIDENT**

**04/30/2021**

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

\_\_\_\_\_  
Date