

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011529

**Entity Name:** TOMJU, LLC

**Current Principal Place of Business:**

7000 ISLAND BLVD  
APT 1104  
AVENTURA, FL 33160

**Current Mailing Address:**

7000 ISLAND BLVD  
APT 1104  
AVENTURA, FL 33160 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CASTILLO, ALVARO BP.A.  
1390 BRICKELL AVENUE, STE. 200  
MIAMI, FL 33131 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	MGR	Title	MGR
Name	PANIAGUA, CLAUDIA E	Name	D'ALESSANDRO, JUAN P
Address	1390 BRICKELL AVENUE, STE. 200	Address	1390 BRICKELL AVENUE, STE. 200
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	MANAGER	Title	MANAGER
Name	ANTONIO, MURA ROQUE	Name	D'ALESSANDRO, MAURICIO
Address	1390 BRICKELL AVENUE 200	Address	1390 BRICKELL AVENUE, STE. 200
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** JUAN PABLO D'ALESSANDRO

**MANAGER**

**01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date