## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L08000047676

Entity Name: SEPULVEDA INVESTMENTS, LLC

## **Current Principal Place of Business:**

201 ALHAMBRA CIRCLE 501 CORAL GABLES, FL 33134

## **Current Mailing Address:**

201 ALHAMBRA CIRCLE 501 CORAL GABLES, FL 33134 US

## FEI Number: 26-3238655

## Name and Address of Current Registered Agent:

BARED, PABLO RESQ 201 ALHAMBRA CIRCLE 501 CORAL GABLES, FL 33134 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

#### Authorized Person(s) Detail :

| Title           | MGR                        | Title           | MGR                        |
|-----------------|----------------------------|-----------------|----------------------------|
| Name            | PERALTA, LUIS              | Name            | SEPULVEDA, MARIA G         |
| Address         | 201 ALHAMBRA CIRCLE<br>501 | Address         | 201 ALHAMBRA CIRCLE<br>501 |
| City-State-Zip: | CORAL GABLES FL 33134      | City-State-Zip: | CORAL GABLES FL 33134      |
| Title           | MGRM                       | Title           | MGRM                       |
| Name            | PERALTA, LUIS MANUEL       | Name            | PERALTA, RODRIGO           |
| Address         | 201 ALHAMBRA CIRCLE<br>501 | Address         | 201 ALHAMBRA CIRCLE<br>501 |
| City-State-Zip: | CORAL GABLES FL 33134      | City-State-Zip: | CORAL GABLES FL 33134      |
| Title           | MGRM                       | Title           | VP                         |
| Name            | PERALTA, TAMARA            | Name            | SEPULVEDA, GRISELLE        |
| Address         | 201 ALHAMBRA CIRCLE<br>501 | Address         | 201 ALHAMBRA CIRCLE<br>501 |
| City-State-Zip: | CORAL GABLES FL 33134      | City-State-Zip: | CORAL GABLES FL 33134      |
|                 |                            |                 |                            |

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: | LU | IS | PE | RA       | LTA |      |  |  |  |             | MANAGER |  |
|------------|----|----|----|----------|-----|------|--|--|--|-------------|---------|--|
|            |    |    |    | <u>.</u> |     | 4.01 |  |  |  | () <b>D</b> |         |  |

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Mar 12, 2024 Secretary of State 7298549580CC

Certificate of Status Desired: No

Date

03/12/2024

Date