

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036943

**Entity Name:** IBERICA FINCA RAIZ, LLC**Current Principal Place of Business:**400 LESLIE DRIVE  
602  
HALLANDALE, FL 33009**Current Mailing Address:**400 LESLIE DRIVE  
602  
HALLANDALE, FL 33009 US**FEI Number:** 46-0522257**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLARAN, JORGE M  
400 LESLIE DRIVE  
602  
HALLANDALE, FL 33009 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:** JORGE M VILLARAN

03/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title MGRM  
Name GUILLEN DE ROJAS, MARIA O  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009Title MGRM  
Name ROJAS GUILLEN, YANED M  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009Title MGRM  
Name ROJAS GUILLEN, ZULIMA N  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009Title MGRM  
Name ROJAS GUILLEN, JOHN M  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009Title MGRM  
Name PATINO TRIANA, LIZA  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009Title MGRM  
Name MUSTAFA ROJAS, VANESA  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009Title MGRM  
Name ECHEVERRY ROJAS, JUAN  
Address 400 LESLIE DRIVE  
602  
City-State-Zip: HALLANDALE FL 33009

*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:** JOHN ROJAS GUILLEN

PRESIDENT

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date