

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115470

**Entity Name:** KLAARENTURA LLC**Current Principal Place of Business:**20301 BISCAYNE BLVD.  
AVENTURA, FL 33180**Current Mailing Address:**20301 BISCAYNE BLVD.  
AVENTURA, FL 33180 US**FEI Number:** 27-1710519**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRISTINA MORENO P.A.  
2600 DOUGLAS ROAD  
SUITE 304  
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

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ORTEGA, ROBERTO X.  
Address        1750 CORAL WAY  
                 SUITE 301  
City-State-Zip: MIAMI FL 33145

Title            CONTROLLER  
Name            GRIMES, DANA M  
Address        1750 CORAL WAY  
                 SUITE 301  
City-State-Zip: MIAMI FL 33145

Title            VP  
Name            MORLA, MARIA DEL CARMEN  
Address        1750 CORAL WAY  
                 SUITE 301  
City-State-Zip: MIAMI FL 33145

Title            TREASURER, SECRETARY  
Name            DE MORLA, MARIA DEL CARMEN  
Address        1750 CORAL WAY  
                 SUITE 301  
City-State-Zip: MIAMI FL 33145

Title            MANAGER  
Name            ISAIAS, LUIS N  
Address        1750 CORAL WAY  
                 SUITE 301  
City-State-Zip: MIAMI FL 33145

*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:** ROBERTO X. ORTEGA

PRESIDENT

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date