

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000084846

**Entity Name:** MELSZYM INVESTMENTS, LLC

**Current Principal Place of Business:**

6610 INDIAN CREEK DRIVE UNIT 203  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6610 INDIAN CREEK DRIVE UNIT 203  
MIAMI BEACH, FL 33141 US

**FEI Number: 99-0368293**

**Certificate of Status Desired: No**

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

JULISSE JIMENEZ, PA  
10800 BISCAYNE BOULEVARD  
SUITE 850  
MIAMI, FL 33161 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           MANAGER, AUTHORIZED MEMBER  
Name           MELIAN, ANDRES F  
Address        6610 INDIAN CREEK DRIVE UNIT 203  
City-State-Zip: MIAMI BEACH FL 33141

Title           AUTHORIZED MEMBER  
Name           MELIAN, ANDRES A.  
Address        6610 INDIAN CREEK  
                  #203  
City-State-Zip: MIAMI BEACH FL 33141

Title           AUTHORIZED MEMBER  
Name           MELIAN, CARLOS A.  
Address        6610 INDIAN CREEK  
                  #203  
City-State-Zip: MIAMI BEACH FL 33141

Title           AUTHORIZED MEMBER  
Name           MELIAN, ADRIAN F.  
Address        6610 INDIAN CREEK  
                  #203  
City-State-Zip: MIAMI BEACH FL 33141

*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: MELIAN , ANDRES**

**MANAGER, AUTHORIZED   03/16/2022  
MEMBER**

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

\_\_\_\_\_  
Date