

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000889

**Entity Name:** MAR DE FONDO, LLC

**Current Principal Place of Business:**

455 NE 39TH STREET  
UNIT 103  
MIAMI, FL 33137

**Current Mailing Address:**

455 NE 39ST  
UNIT 103  
MIAMI, FL 33137 US

**FEI Number:** 27-4436031

**Certificate of Status Desired:** No

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

CIFUENTES, MARIA  
4300 BISCAYNE BLVD  
SUITE 204  
MIAMI, FL 33137 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           | MGRM                    | Title           | MANAGER                 |
| Name            | BETHENCOURT, DANIEL     | Name            | BETHENCOURT, JEANETTE   |
| Address         | 455 NE 39ST<br>UNIT 103 | Address         | 455 NE 39ST<br>UNIT 103 |
| City-State-Zip: | MIAMI FL 33137          | City-State-Zip: | MIAMI FL 33137          |

*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:** DANIEL BETHENCOURT

**MGRM**

**04/26/2024**

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

\_\_\_\_\_  
Date