| Name and Address of Current Registered Agent: | | | | |
|--|--|-----------------|---------------------------------|----|
| HOLCMAN, ALBERTO 18246 COLLINS AVE SUNNY ISLES, FL 33160 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 | ALBERTO HOLCMAN | | 03/04/20 | 24 |
| | Electronic Signature of Registered Agent | | Date | |
| Authorized Person(s) Detail : | | | | |
| Title | MGRM | Title | MGRM | |
| Name | COLOMBO DE PICHON RIVIERE, MARTHA EUGENIA | Name | PICHON RIVIERE, ENRIQUE ALFONSO | |
| Address | 18246 COLLINS AVE | Address | 18246 COLLINS AVE | |
| | | City-State-Zip: | SUNNY ISLES BEACH FL 33160 | |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 | | | |
| Title | MGR | | | |
| Name | HOLCMAN, ALBERTO | | | |
| Address | 18246 COLLINS AVE | | | |
| City-State-Zip: | SUNNY ISLES FL 33160 | | | |

18246 COLLINS AVE

Current Principal Place of Business:

Entity Name: SAN MARFLO, LLC

18246 COLLINS AVE

Current Mailing Address:

SUNNY ISLES. FL 33160 US

FEI Number: 99-0365086

SUNNY ISLES. FL 33160

DOCUMENT# L11000040184

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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: ALBERTO HOLCMAN

MGR

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 04, 2024 **Secretary of State** 9434215534CC

Certificate of Status Desired: No