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

Electronic Signature of Signing Authorized Person(s) Detail

CASANOVA, DANIEL 7395 W 4TH AVENUE HIALEAH, FL 33014 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	DANIEL CASANOVA		01/21/2022	
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	CASANOVA, DANIEL	Name	ACOSTA, ANA	
Address	7395 W 4TH AVENUE	Address	7395 W 4TH AVENUE	
City-State-Zip:	HIALEAH FL 33014	City-State-Zip:	HIALEAH FL 33014	

Current Principal	Place of Business:
7395 W 4TH AVENUE	

HIALEAH, FL 33014

Current Mailing Address:

DOCUMENT# L11000051810

7395 W 4TH AVENUE HIALEAH. FL 33014 US

FEI Number: 45-2445467

Name and Address of Current Registered Agent:

Entity Name: AUTHENTIC FLAIR RESTAURANT LLC . -

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that my name appears above, or on an attachment with all other like empowered. 01/21/2022 SIGNATURE: DANIEL CASANOVA MANAGER

Certificate of Status Desired: No

FILED Jan 21, 2022 Secretary of State 5820838269CC

Date