

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074201

Entity Name: SOLYMARE LLC

Current Principal Place of Business:

325 S. BISCAYNE BLVD
523
MIAMI, FL 33131

Current Mailing Address:

325 S. BISCAYNE BLVD
523
MIAMI, FL 33131 US

FEI Number: 45-3562350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENARD, CARMEN R
325 S. BISCAYNE BLVD
523
MIAMI, FL 33131 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 | AR |
| Name | BENARD, LUIS |
| Address | 325 S. BISCAYNE BLVD |
| City-State-Zip: | MIAMI FL 33131 |
| Title | MGRM |
| Name | LUIS BENARD:CARMEN ROMAN BENARD JOINT LIVI |
| Address | 325 S. BISCAYNE BLVD |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|---------------------------------------|
| Title | AR |
| Name | BENARD, CARMEN R |
| Address | 325 S. BISCAYNE BLVD |
| City-State-Zip: | MIAMI FL 33131 |
| Title | MANAGER, AUTHORIZED REPRESENTATIVE |
| Name | BENARD, CARMEN G |
| Address | 681 NE 55TH TER |
| 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: CARMEN G BENARD

AR

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date