

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103678

**Entity Name:** CR\_EATE BY CAMILO ROJAS LLC

**Current Principal Place of Business:**

1657 NORTH MIAMI AVE  
MIAMI, FL 33136

**Current Mailing Address:**

1657 NORTH MIAMI AVE  
MIAMI, FL 33136 US

**FEI Number:** 45-4588111

**Certificate of Status Desired:** No

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

ROJAS, JUAN C  
1657 NORTH MIAMI AVE  
MIAMI, FL 33136 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            PRESIDENT

Name           ROJAS, JUAN C

Address        1657 NORTH MIAMI AVE

City-State-Zip: MIAMI FL 33136

Title            VP

Name           LOPEZ, VALERIE

Address        1657 NORTH MIAMI AVE

City-State-Zip: MIAMI FL 33136

*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:** VALERIE LOPEZ

VP

02/16/2024

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

\_\_\_\_\_  
Date