# 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: LEMNY ORELLANA

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY	COMPANY ANNUAL REPORT

DOCUMENT# L11000129542

Entity Name: LEMNY ORELLANA & RAMIRO PEREZ LLC

#### **Current Principal Place of Business:**

9926 COSTA DEL SOL BLVD DORAL, FL 33178

# **Current Mailing Address:**

9926 COSTAL DEL SOL BLVD DORAL, FL 33178 US

# FEI Number: 99-0371154

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

CLAUDIA SERNA PA 20900 NE 30TH AVE 825 AVENTURA, FL 33180 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

# Authorized Person(s) Detail :

ITE 825				
1-				

Certificate of Status Desired: N	lo

MEMBER 04/08/2024

Date

# FILED Apr 08, 2024 Secretary of State 8175045257CC

Date