

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131681

**Entity Name:** BRUVARO, L.L.C.**Current Principal Place of Business:**16485 COLLINS AVENUE  
#834  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**16485 COLLINS AVENUE  
#834  
SUNNY ISLES BEACH, FL 33160**FEI Number:** 30-0706029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANGEL FRANCISCO CONDOM, P.A.  
3650 NE 82ND AVENUE  
#308  
DORAL, FL 33166 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           | MGRM                         |
| Name            | RESCK, FELIPE                |
| Address         | 16485 COLLINS AVENUE<br>#834 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160   |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | RESCK, BRUNO                 |
| Address         | 16485 COLLINS AVENUE<br>#834 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160   |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | RESCK, VALERIA               |
| Address         | 16485 COLLINS AVENUE<br>#834 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160   |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | RESCK, RODRIGO               |
| Address         | 16485 COLLINS AVENUE<br>#834 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160   |

*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:** FELIPE RESCK

MGRM

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date