

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000153088

**Entity Name:** W.E. FAMILY OFFICES HOLDINGS, LLC

**Current Principal Place of Business:**

2811 PONCE DE LEON BLVD., SUITE 840  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2811 PONCE DE LEON BLVD., SUITE 840  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-2258552

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** JESSICA MORALES, SPECIAL SECRETARY

01/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name ULLOA, SANTIAGO  
Address 2811 PONCE DE LEON BLVD., SUITE 840  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name LAGOMASINO, MARIA ELENA  
Address 2811 PONCE DE LEON BLVD., SUITE 840  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name ZEUNER, MICHAEL  
Address 2811 PONCE DE LEON BLVD., SUITE 840  
City-State-Zip: CORAL GABLES FL 33134

*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:** SANTIAGO ULLOA

MANAGER, BY LAUREN  
DUEMIG, ATTORNEY-IN-  
FACT

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date