| FEI Number: 46-2528462<br>Name and Address of Current Registered Agent:  |   |                 | Certificate of Status Desired: No      |            |
|--|---|-----------------|--|------------|
| BENZA, ANA MARIELLA<br>20379 WEST COUNTRY CLUB DR., UNIT 1636<br>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: ANA MARIELLA BENZA  |   |                 |  | 04/27/2023 |
|  | Electronic Signature of Registered Agent                              |                 |  | Date       |
| Authorized Person(s) Detail :  |   |                 |  |            |
| Title  | AMBR  | Title           | AMBR                                   |            |
| Name   | ANA MARIELLA BENZA, TRUSTEE,<br>ANA MARIELLA BENZA REVOCABLE<br>TRUST | Name            | CALAMO BENZA, MARIA-JOSE               |            |
|  |   | Address         | 20379 WEST COUNTRY CLUB I<br>UNIT 1636 | DR.        |
| Address  | 20379 WEST COUNTRY CLUB DR.<br>UNIT 1636                              | City-State-Zip: |  |            |
| City-State-Zip:  | AVENTURA FL 33180   |                 |  |            |
| Title<br>Name  | AMBR<br>CALAMO BENZA, CLAUDIA   |                 |  |            |

## DOCUMENT# L12000156478

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 1300 BENZA, LLC

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

20379 WEST COUNTRY CLUB DR., UNIT 1636 AVENTURA, FL 33180

#### **Current Mailing Address:**

20379 WEST COUNTRY CLUB DR., UNIT 1636 AVENTURA, FL 33180 US

### F

Address

City-State-Zip:

#### Ν

20379 WEST COUNTRY CLUB DR.

**UNIT 1636** 

AVENTURA FL 33180

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: ANA MARIELLA BENZA

MANAGER

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 27, 2023 Secretary of State 6213998698CC