

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157567

**Entity Name:** FM SARRIA CONTROL, LLC**Current Principal Place of Business:**1001 PONCE DE LEON BLVD  
SUITE E  
CORAL GABLES, FL 33134**Current Mailing Address:**1001 PONCE DE LEON BLVD  
SUITE E  
CORAL GABLES, FL 33134 US**FEI Number:** 46-1613405**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SARRIA, FRANCISCO  
1001 PONCE DE LEON BLVD  
SUITE E  
CORAL GABLES, FL 33134 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:** FRANCISCO SARRIA

03/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SARRIA, FRANCISCO
Address	1001 PONCE DE LEON BLVD SUITE E
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	SARRIA, RICARDO
Address	1001 PONCE DE LEON BLVD SUITE E
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	DEL CARMEN SARRIA, MARIA
Address	1001 PONCE DE LEON BLVD SUITE E
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:** FRANCISCO SARRIA

MGRM

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date