

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000040555

**Entity Name:** PELORO 713, LLC

**Current Principal Place of Business:**

6620 INDIAN CREEK DR  
APT. 713  
MIAMI BEACH, FL 33140

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**7658132815CC**

**Current Mailing Address:**

175 SW 7TH STREET  
SUITE 2307  
MIAMI, FL 33130 US

**FEI Number:** 46-2357921

**Certificate of Status Desired:** No

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

PONCE, FABIAN  
175 SW 7TH STREET  
SUITE 2307  
MIAMI, FL 33130 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 MGR  
Name PONCE, FABIAN  
Address 175 SW 7TH STREET  
SUITE 2307  
City-State-Zip: MIAMI FL 33130

Title MGR  
Name PONCE, RENE  
Address 175 SW 7TH STREET  
SUITE 2307  
City-State-Zip: MIAMI FL 33130

Title MGR  
Name PONCE, DANIEL  
Address 175 SW 7TH STREET  
SUITE 2307  
City-State-Zip: MIAMI FL 33130

*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:** RENE P PONCE

**MGR**

**04/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date