

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000105651

**Entity Name:** CENTRO DE INVERSIONES CORPESA SRL LLC

**Current Principal Place of Business:**

3001 LAUREL RUN LN  
107  
KISSIMMEE, FL 34741

**Current Mailing Address:**

7901 NW 82ND TER  
PARKLAND, FL 33067 US

**FEI Number:** 46-3267838

**Certificate of Status Desired:** No

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

PENA, CARLOS  
7901 NW 82ND TER  
PARKLAND, FL 33067 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:** CARLOS PENA

01/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PENA VARONA, CARLOS ELINEL  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name PENA, CARLOS R  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name CORDERO, ANGEL E  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name SANTANA, HUMBERTILIO  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name SANTANA, MAYOBANEX  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name VARONA, ELIDO  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

Title MGRM  
Name DOMINGUEZ, MAXIMO  
Address 3001 LAUREL RUN LN  
107  
City-State-Zip: KISSIMMEE FL 34741

*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:** CARLOS PENA

MGR

01/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date