

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106104

**Entity Name:** 4724 VILLA DORAL LLC

**Current Principal Place of Business:**

5930 NW 99 AVE  
UNIT 9  
DORAL, FL 33178

**Current Mailing Address:**

5930 NW 99 AVE  
UNIT 9  
DORAL, FL 33178 US

**FEI Number:** 36-4767964

**Certificate of Status Desired:** No

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

CASANAS, FLOR MARIA  
5930 NW 99 AVE  
UNIT 9  
DORAL, FL 33178 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:** FLOR MARIA CASANAS

02/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name CASANAS, FLOR M  
Address 5930 NW 99 AVE  
UNIT 9  
City-State-Zip: DORAL FL 33178

Title MANAGER  
Name CASANAS, PAULO A  
Address 5930 NW 99 AVE  
UNIT 9  
City-State-Zip: DORAL FL 33178

Title MANAGER  
Name CASANAS, ORIANNA A.  
Address 5930 NW 99 AVE  
UNIT 9  
City-State-Zip: DORAL FL 33178

Title MANAGER  
Name CASANAS, ANDRES E.  
Address 5930 NW 99 AVE  
UNIT 9  
City-State-Zip: DORAL FL 33178

Title MANAGER  
Name CASANAS, FLOR A.  
Address 5930 NW 99 AVE  
UNIT 9  
City-State-Zip: DORAL FL 33178

*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:** FLOR CASANAS

MANAGER

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date