### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JUAN C FIGUERAS MGRM

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

Electronic Signature of Signing Authorized Person(s) Detail

E	lectronic Signature of Registered Agent	
Authorized Person(s) Detail		

Authorized Person(s) Detail :				
Title	MGRM	Title	MANAGER	
Name	FIGUERAS, JUAN C	Name	FIGUERAS, KRISTIN MAI	
Address	4970 SW 72 AVENUE SUITE 102	Address	4970 SW 72 AVENUE SUITE 102	

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.

# **Current Mailing Address:**

DOCUMENT# L13000117641

Entity Name: FIG FAMILY KEYS, LLC

**Current Principal Place of Business:** 

4970 SW 72 AVENUE MIAMI, FL 33155 US

SIGNATURE: JUAN E FIGUERAS

City-State-Zip: MIAMI FL 33155

SUITE 102

4970 SW 72 AVENUE

SUITE 102 MIAMI, FL 33155

SUITE 702

Name and Address of Current Registered Agent:

**FEI Number: NOT APPLICABLE** 

FIGUERAS, JUAN E 7700 N. KENDALL DRIVE

MIAMI, FL 33156 US

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 11, 2024 Secretary of State 0410666628CC

Certificate of Status Desired: No

ARIE City-State-Zip: MIAMI FL 33155

03/11/2024

03/11/2024 Date

Date