

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000005544

**Entity Name:** 10430 SW 187 STREET, LLC

**Current Principal Place of Business:**

2185 E. 10 AVENUE #A  
HIALEAH, FL 33013

**Current Mailing Address:**

2185 E. 10 AVENUE #A  
HIALEAH, FL 33013 US

**FEI Number:** 46-4568878

**Certificate of Status Desired:** No

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

CANALS, JORGE  
2185 E. 10 AVENUE #A  
HIALEAH, FL 33013 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 CANALS, JORGE  
Address 2185 E. 10 AVENUE #A  
City-State-Zip: HIALEAH FL 33013

Title MGR  
Name CANALS, MATILDE  
Address 2185 E. 10 AVENUE #A  
City-State-Zip: HIALEAH FL 33013

Title MGR  
Name CANALS, PABLO  
Address 2185 E. 10 AVENUE #A  
City-State-Zip: HIALEAH FL 33013

Title MGR  
Name CANALS, MATILDE M  
Address 2185 E. 10 AVENUE #A  
City-State-Zip: HIALEAH FL 33013

*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:** MATILDE CANALS

**OFFICER**

**04/29/2022**

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

\_\_\_\_\_  
Date