

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164185

**Entity Name:** CAPE MIAMI, LLC

**Current Principal Place of Business:**

7440 SW 50 TER SUITE 106  
MIAMI, FL 33155

**Current Mailing Address:**

7440 SW 50 TER SUITE 106  
MIAMI, FL 33155 US

**FEI Number:** 35-2518345

**Certificate of Status Desired:** No

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

PREFERRED ACCOUNTING SERVICES, INC.  
7440 SW 50 TER SUITE 106  
MIAMI, FL 33155 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 AMBR  
Name CRISTINA GAZZOLI  
Address 7440 SW 50 TER SUITE 106  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name ALEJANDRO AUGUSTO SCHETTINI  
Address 7440 SW 50 TER SUITE 106  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name GARCIA KEDINGER, MARIA EUGENIA  
Address 7440 SW 50 TER SUITE 106  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name GARCIA KEDINGER, PAULA MARIA  
Address 7440 SW 50 TER SUITE 106  
City-State-Zip: MIAMI FL 33155

*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:** CRISTINA GAZZOLI

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date