

2022 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

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date