# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JOHANNA POTES

Electronic Signature of Signing Authorized Person(s) Detail

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L14000176593

Entity Name: INVERSIONES JJS, LLC

## **Current Principal Place of Business:**

16740 NE 9TH AVE **UNIT 707** MIAMI, FL 33162

#### **Current Mailing Address:**

16740 NE 9TH AVE 707 MIAMI, FL 33162 US

#### FEI Number: 30-0852370

City-State-Zip: MIAMI FL 33162

## Name and Address of Current Registered Agent:

BURGOS, MAGDIEL 17369 SW 21ST COURT C/O MAGDIEL BURGOS MIRAMAR, FL 33029 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	E: MAGDIEL BURGOS			04/07/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	DIAZ , JOSE	Name	POTES , JOHANNA	
Address	16740 NE 9TH AVE UNIT 707	Address	16740 NE 9TH AVE UNIT 707	
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI FL 33162	
Title	MGR			
Name	DIAZ, SEBASTIAN			
Address	16740 NE 9TH AVE UNIT 707			

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

MANAGER

04/07/2023

FILED Apr 07, 2023 Secretary of State 1287478664CC

Certificate of Status Desired: No

Date