

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000178477

Entity Name: BAHAMON CONSULTING & INVESTMENTS, LLC**Current Principal Place of Business:**900 S MIAMI AVENUE
SUITE 2309
MIAMI, FL 33130**Current Mailing Address:**900 S MIAMI AVENUE
SUITE 2309
MIAMI, FL 33130 US**FEI Number:** 38-3944008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARDILA ZAPATA, LUIS F
4585 PONCE DE LEON BLVD
SUITE 609
CORAL GABLES, FL 33146 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 BAHAMON DE RESTREPO, MARTHA
Address CALLE 28 NO 13 A 24 OFICINA 307C
City-State-Zip: BOGOTA CO 00000

Title AMBR
Name RESTREPO BAHAMON, ANDRES
Address CALLE 28 NO 13 A 24 OFICINA 307C
City-State-Zip: BOGOTA CO 00000

Title AMBR
Name RESTREPO BAHAMON, FELIPE
Address CALLE 28 NO 13 A 24 OFICINA 307C
City-State-Zip: BOGOTA CO 00000

Title AMBR
Name RESTREPO BAHAMON, SANTIAGO
Address CALLE 28 NO 13 A 24 OFICINA 307C
City-State-Zip: BOGOTA CO 00000

Title AMBR
Name RESTREPO BAHAMON, MATEO
Address CALLE 28 NO 13 A 24 OFICINA 307C
City-State-Zip: BOGOTA CO 00000

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: BAHAMON DE RESTREPO , MARTHA

AMBR

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date