

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000014419

Entity Name: MIS CACHORROS LLC

Current Principal Place of Business:

1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
APOPKA, FL 32703

Current Mailing Address:

1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
APOPKA, FL 32703 US

FEI Number: 84-4673245

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLI, HUGO GABRIEL
1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
APOPKA, FL 32703 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: GALLI HUGO GABRIEL

04/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GALLI, HUGO GABRIEL
Address 1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
City-State-Zip: APOPKA FL 32703

Title MGRM
Name ATTARDI, SILVIA CONCEPCION
Address 1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
City-State-Zip: APOPKA FL 32703

Title AUTHORIZED MEMBER
Name GALLI, FIORELLA
Address 1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
City-State-Zip: APOPKA FL 32703

Title AUTHORIZED MEMBER
Name GALLI, GIULIANA
Address 1706 E SEMORAN BLVD STE 103
C/O ACCOUNTING CENTER OF ORLANDO
City-State-Zip: APOPKA FL 32703

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: HUGO GABRIEL GALLI

MANAGER

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date