

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000069331

**Entity Name:** BENISAF LLC

**Current Principal Place of Business:**

2750 NE 185 ST., STE. 204  
AVENTURA, FL 33180

**Current Mailing Address:**

19790 W DIXIE HWY  
SUITE 309  
MIAMI, FL 33180 US

**FEI Number:** 36-4824566

**Certificate of Status Desired:** No

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

FISHMAN, GREGORY R  
2750 NE 185 ST., STE. 204  
AVENTURA, FL 33180 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 BENITEZ SAA, FRANCISCO JOSE  
Address 7601 E TREASURE DRIVE, #1415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title AMBR  
Name SACOTO FALCONI, ROSA ALICIA  
Address 7601 E TREASURE DRIVE, #1415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title AMBR  
Name BENITEZ SACOTO, MARIA JOSE  
Address 7601 E TREASURE DRIVE, #1415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title AMBR  
Name BENITEZ SACOTO, FRANCISCO JAVI  
Address 7601 E TREASURE DRIVE, #1415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

*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:** ROSA ALICIA SACOTO FALCONI

AMBR

03/12/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date