

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000137369

Entity Name: FAMARES, LLC**Current Principal Place of Business:**1629 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1629 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 47-4817037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESTARI VANRELL, JOSE E
4001 S OCEAN DRIVE
APT 15-E
HOLLYWOOD, FL 33019 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:** ANTONIA S IRIZARRY

04/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HAYDEE LUCIA CAPOBIANCO
Address 4001 S OCEAN DRIVE
APT 15-E
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name JOSE EDUARDO ESTARI VANRELL
Address 4001 S OCEAN DRIVE
APT 15-E
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name ESTARI, MARCELA N
Address 4001 S OCEAN DRIVE
APT 15-E
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR
Name NOCETTO, MATIAS T
Address 4001 S OCEAN DRIVE
APT 15-E
City-State-Zip: HOLLYWOOD FL 33019

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: JOSE EDUARDO ESTARI VANRELL

AMBR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date