

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000155097

**Entity Name:** ANFRANPE, LLC

**Current Principal Place of Business:**

3905 NW 107TH AVE  
PMB 229 SUITE 102  
DORAL, FL 33178

**Current Mailing Address:**

3905 NW 107TH AVE  
PMB 229 SUITE 102  
DORAL, FL 33178 US

**FEI Number:** 47-5100038

**Certificate of Status Desired:** No

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

MILAGROS GOMEZ MUNOZ, PA  
15751 SHERIDAN STREET  
#228  
FORT LAUDERDALE, FL 33331 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 MGR  
Name TENNIS MANAGEMENT LLC  
Address C/O 3905 NW 107TH AVE PMB 229  
SUITE 102  
City-State-Zip: DORAL FL 33178

*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:** TENNIS MANAGEMENT LLC

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date