### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L1600008260

Entity Name: CONENGINEERS BUILDERS LLC

## **Current Principal Place of Business:**

1930 N COMMERCE PKWY SUITE 1 WESTON, FL 33326

## **Current Mailing Address:**

1930 N COMMERCE PKWY SUITE 1 WESTON, FL 33326 US

## FEI Number: 81-1193566

### Name and Address of Current Registered Agent:

OCAMPO, JAIME 1930 N COMMERCE PKWY SUITE 1 WESTON, FL 33326 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

## Authorized Person(s) Detail :

City-State-Zip: WESTON FL 33326

erson(s) Detail .		
AMBR	Title	MGR
OCAMPO, JAIME	Name	OCAMPO, JAIME
1930 N COMMERCE PKWY SUITE 1	Address	1930 N COMMERCE PKWY SUITE 1
WESTON FL 33326	City-State-Zip:	WESTON FL 33326
AMBR		
NAVARRO, BERTHA L		
1930 N COMMERCE PKWY SUITE 1		
	AMBR OCAMPO, JAIME 1930 N COMMERCE PKWY SUITE 1 WESTON FL 33326 AMBR NAVARRO, BERTHA L 1930 N COMMERCE PKWY	AMBRTitleOCAMPO, JAIMEName1930 N COMMERCE PKWYAddressSUITE 1VESTON FL 33326WESTON FL 33326City-State-Zip:AMBRNAVARRO, BERTHA L1930 N COMMERCE PKWY

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: JAIME OCAMPO

AUTHORIZED MEMBER 01/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 28, 2023 Secretary of State 0876225478CC

Certificate of Status Desired: Yes

Date