## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000025029

**Entity Name: CLAVELONES LLC** 

**Current Principal Place of Business:** 

10630 NW 88 STREET #111

DORAL, FL 33175

**Current Mailing Address:** 

10630 NW 88 STREET #111 **DORAL. FL 33175** 

FEI Number: 35-2552313 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRERA, RAFAEL 10630 NW 88 STREET #111 DORAL, FL 33175 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.

Title

**AMBR** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 27, 2019

**Secretary of State** 

7717491787CC

Authorized Person(s) Detail:

Title **AMBR** 

HERRERA, RAFAEL Name HERRERA, IRMA C Name

10630 NW 88 STREET #111 Address 10630 NW 88 STREET #111 Address

City-State-Zip: DORAL FL 33175 City-State-Zip: DORAL FL 33175

Title **AMBR** Title **AMBR** 

Name HERRERA, MARIA C HERRERA, RAFAEL R Name

Address 10630 NW 88 STREET #111 Address 10630 NW 88 STREET #111

City-State-Zip: DORAL FL 33175 DORAL FL 33175 City-State-Zip:

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: HERRERA, RAFAEL

**AMBR** 

03/27/2019