

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000041427

**Entity Name:** LOIDA GRAJALES LLC

**Current Principal Place of Business:**

1229 ERIK CT  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1229 ERIK CT  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 81-1679012**

**Certificate of Status Desired: No**

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

GRAJALES, LOIDA  
1229 ERIK CT  
ALTAMONTE SPRINGS, FL 32714 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 MGRM  
Name GRAJALES, LOIDA  
Address 1229 ERIK CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name RIVERA, BERNARDO  
Address 1229 ERIK CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY  
Name OWENS, CHELSEA NORMA  
Address 1737 WEKIWA DR  
City-State-Zip: APOPKA FL 32712

*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: LOIDA GRAJALES**

**MANAGER**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date