

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000050852

**Entity Name:** CABO FAMILY HOLDINGS, LLC

**Current Principal Place of Business:**

5455 SW 8TH STREET, #135  
MIAMI, FL 33134

**Current Mailing Address:**

PO BOX 440913  
MIAMI, FL 33144 US

**FEI Number:** 59-1498440

**Certificate of Status Desired:** No

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

CABO, ANDRES  
5455 SW 8TH STREET, #135  
MIAMI, FL 33134 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:** ANDRES CABO

04/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CABO, ANDRES  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

Title MANAGER  
Name CABO, DORIS  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

Title AMBR  
Name NOEL, ANDREINA  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

Title AMBR  
Name CABO, NATALIE  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

Title AMBR  
Name CABO, ANGELICA  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

Title AMBR  
Name CABO, DORIS I.  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

*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:** DORIS CABO

MANAGER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date