

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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:** Yes**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

09/28/2021

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: ANDRES CABO

MGR

09/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date