

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000058984

**Entity Name:** CASTELLON, LAURENT & SCHLESINGER, LLC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
SUITE 1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD  
SUITE 1110  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-2007710

**Certificate of Status Desired:** No

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

SCHLESINGER, MIRIAM  
2100 PONCE DE LEON BLVD  
SUITE 1110  
CORAL GABLES, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            MBR  
Name            LAURENT, SUZETTE  
Address        2100 PONCE DE LEON BLVD  
                  SUITE 1110  
City-State-Zip: CORAL GALBES FL 33134

Title            MBR  
Name            SCHLESINGER, MIRIAM  
Address        2100 PONCE DE LEON BLVD  
                  SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title            MBR  
Name            CASTELLON, MAYBEL  
Address        2100 PONCE DE LEON BLVD  
                  SUITE 1110  
City-State-Zip: CORAL GALBES FL 33134

*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:** MIRIAM SCHLESINGER

**MEMBER**

**03/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date