# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CECILIA ALARCON DE CANACHE

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000120976

Entity Name: CUNAVICHE ENTERPRISES LLC

#### **Current Principal Place of Business:**

1865 BRICKELL AVE A #1213 MIAMI, FL 33129-1641

## **Current Mailing Address:**

1865 BRICKELL AVE A #1213 MIAMI, FL 33129-1641 US

#### FEI Number: 82-1020802

# Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

## Authorized Person(s) Detail :

MGR	Title	ST
ALARCON DE CANACHE, CECILIA	Name	ALARCON DE CANACHE, CECILIA
1865 BRICKELL AVE A #1213	Address	1865 BRICKELL AVE A #1213
MIAMI FL 33129-1641	City-State-Zip:	MIAMI FL 33129-1641
	MGR ALARCON DE CANACHE, CECILIA 1865 BRICKELL AVE A #1213	MGRTitleALARCON DE CANACHE, CECILIAName1865 BRICKELL AVE A #1213Address

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

MANAGER

02/27/2024 Date

Date

## Feb 27, 2024 Secretary of State 8755615849CC

FILED

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail