Certificate of Status Desired: No
istered agent, or both, in the State of Florida.
04/40/0004
04/10/2024
04/10/2024 Date
Date
MGR

#### 

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: SANCHEZ, LUIS A

MGR

04/10/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L16000154555

Entity Name: VENEGAUCHITO, LLC

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

200 NW 42 AVE MIAMI, FL 33126

# **Current Mailing Address:**

200 NW 42 AVE MIAMI, FL 33126 US

# FEI Number: 81-3650671

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 10, 2024 **Secretary of State** 2406794150CC

..... 6 04-4-Dee! 

Date