

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187193

Entity Name: ANTZOCHM LLC**Current Principal Place of Business:**153 SEVILLA AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**ANTZOCHM LLC
P.O. BOX 140668
CORAL GABLES, FL 33114-0668**FEI Number:** 38-4016360**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVENUE
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	MGR
Name	SANCHEZ MONTES, OSCAR A
Address	P.O. BOX 140668
City-State-Zip:	CORAL GABLES FL 33114

Title	MGR
Name	SANCHEZ MONTES, SANDRO F
Address	P.O. BOX 140668
City-State-Zip:	CORAL GABLES FL 33114

Title	MGR
Name	VALDIVIA VERDEJO, ALFREDO L
Address	P.O. BOX 140668
City-State-Zip:	CORAL GABLES FL 33114

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 MONTES SANDRO F

MANAGER

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date