## 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: GUILLERMO CLAURE

Electronic Signature of Signing Authorized Person(s) Detail

# MIAMI. FL 33155 US FEI Number: 82-0818400

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

CLAURE, GUILLERMO 5705 SW 56 ST MIAMI, FL 33155 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: GUILLERMO CLAURE

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	AMBR
Name	CLAURE, GUILLERMO
Address	5705 SW 56 ST
City-State-Zip:	MIAMI FL 33155

OWNER

02/08/2024

FILED Feb 08, 2024 Secretary of State 4763048408CC

Certificate of Status Desired: No

02/08/2024 Date

Date

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000194632

**Current Mailing Address:** 

#### Entity Name: SUSTAINABLE AND RESILIENT ENGINEERING, LLC

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

5705 SW 56 ST MIAMI, FL 33155

5705 SW 56 ST