

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000008435

**Entity Name:** FATIMA ONE LLC

**Current Principal Place of Business:**

16505 BRIDGE END ROAD  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

1071 CHENILLE CIRCLE  
WESTON, FL 33327

**FEI Number:** 81-5203887

**Certificate of Status Desired:** No

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

MOLFINO, MARIA E  
1071 CHENILLE CIRCLE  
WESTON, FL 33327 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	Title	MGR
Name	MOLFINO, MARIA E	Name	MEDINA, LUIS F
Address	1071 CHENILLE CIRCLE	Address	1071 CHENILLE CIRCLE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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:** MARIA MOLFINO

**MANAGER**

**01/31/2023**

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

\_\_\_\_\_  
Date