

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000030825

**Entity Name:** ASTUR 11570 LLC**Current Principal Place of Business:**11570 SW 83RD TERRACE  
MIAMI, FL 33173**Current Mailing Address:**10661 N.KENDALL DRIVE  
SUITE 210  
MIAMI, FL 33176**FEI Number:** 83-0530097**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAW OFFICE OF GINA R. CHEVALLIER, P.A.  
2600 SOUTH DOUGLAS ROAD  
SUITE 507  
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	AMBR
Name	TORRE, JUAN C
Address	LA MACARENA 101, DEPTO 1103
City-State-Zip:	LAS CONDES, SANTIAGO CL 75500-00
Title	MBR
Name	TORRE VILLAR, FRANCISCO
Address	LA MACARENA 101, DEPTO 1101
City-State-Zip:	LAS CONDES, SANTIAGO CL 75500-0

Title	AMBR
Name	TORRE VEGA, FRANCISCO L
Address	LA CASTELLANA SUR 170, DEPTO 1902
City-State-Zip:	LAS CONDES, SANTIAGO CL 75500-0
Title	MBR
Name	VILLAR, MARICARMEN
Address	LA CASTELLANA SUR 170, DEPTO1902
City-State-Zip:	LAS CONDES, SANTIAGO CL 75500-0

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:** JUAN C TORRE

AMBR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date