

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000096422

**Entity Name:** BEQUEVE USA, LLC

**Current Principal Place of Business:**

7400 SW 50TH TER  
SUITE 304  
MIAMI, FL 33155

**Current Mailing Address:**

7400 SW 50TH TER  
SUITE 304  
MIAMI, FL 33155

**FEI Number:** 82-1384342

**Certificate of Status Desired:** No

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

PASTROFF, BARJA, KELLY & CO.  
7400 SW 50TH TER  
SUITE 304  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CILIA, CLAUDIO  
Address AV PRINC VIZCAYA, RES VIZCAYA  
PLAZA, #64B  
City-State-Zip: EL CAFETAL CA 1061

Title AMBR  
Name VIVAS EUGUI, ABDON  
Address 1829 BURNELL CT  
City-State-Zip: BATAVIA IL 60510

Title AMBR  
Name SANCHEZ BUENO, EUGENIA  
Address AV VERACRUZ, EDIF GUETARIA PISO  
1, # 3  
City-State-Zip: LAS MERCEDES CA 1060

*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:** CILIA , CLAUDIO

AMBR

04/26/2024

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

\_\_\_\_\_  
Date