

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000241153

Entity Name: JACUR STADIUM PLAZA LLC

Current Principal Place of Business:

5600 SW 135 AVE SUITE 106R
MIAMI, FL 33183

Current Mailing Address:

5600 SW 135 AVE SUITE 106R
MIAMI, FL 33183 UN

FEI Number: 82-3483537

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST KENDALL REGISTERED AGENTS INC.
5600 SW 135 AVE SUITE 106R
MIAMI, FL 33183 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: GABRIEL S DIAZ-SARMIENTO

04/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DIAZ-SARMIENTO, GABRIEL
Address 5600 SW 135 AVE SUITE 106R
City-State-Zip: MIAMI FL 33183

Title MGRM
Name CURE-ORFALE, FAISAL J
Address 5600 SW 135 AVE SUITE 106R
City-State-Zip: MIAMI 33183

Title MGR
Name GARCIA-COHEN, ITAMARA M
Address 5600 SW 135 AVE SUITE 106R
City-State-Zip: MIAMI FL 33183

Title MGR
Name DOUVIS, ALESSANDRO
Address 5600 SW 135 AVE SUITE 106R
City-State-Zip: MIAMI 33183

Title MGR
Name CURE GARCIA, FAISAL
Address 5600 SW 135 AVE SUITE 106R
City-State-Zip: MIAMI FL 33183

Title MGR
Name CURE GARCIA, NATALIA
Address 5600 SW 135 AVE SUITE 106R
City-State-Zip: MIAMI 33183

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: FAISAL CURE-ORFALE

MGRM

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date