

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000055287

**Entity Name:** DICED MANAGEMENT LLC**Current Principal Place of Business:**191 GIRALDA AVE  
PH SUITE  
CORAL GABLES, FL 33134**Current Mailing Address:**814 PONCE DE LEON BLVD. STE 210  
CORAL GABLES, FL 33134 US**FEI Number:** 82-4997409**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAUER, DAVID  
814 PONCE DE LEON BLVD. STE 210  
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	MGR
Name	MILLAN, CESAR
Address	814 PONCE DE LEON BLVD. STE 210
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	PEREZ, OTTO
Address	814 PONCE DE LEON BLVD. STE 210
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	FERNANDEZ, ANGEL JR.
Address	814 PONCE DE LEON BLVD. STE 210
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	GOLDER, JOSH
Address	814 PONCE DE LEON BLVD SUITE 210
City-State-Zip:	CORAL GABLES FL 33134

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:** OTTO PEREZ**MANAGER****05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date