

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000071415

**Entity Name:** IRIZARRY & ASSOCIATES LLC

**Current Principal Place of Business:**

125 S SWOOPE AVE  
#106  
MAITLAND, FL 32751

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**8951020973CC**

**Current Mailing Address:**

125 S SWOOPE AVE  
106  
MAITLAND, FL 32751 US

**FEI Number:** 82-4886821

**Certificate of Status Desired:** No

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

IRIZARRY, ROBERTO  
125 S SWOOPE AVE  
106  
MAITLAND, FL 32751 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	MANAGER
Name	IRIZARRY, ROBERTO	Name	CRUZ, RUTH D
Address	125 S SWOOPE AVE 106	Address	125 S SWOOPE AVE 106
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

*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:** RUTH CRUZ IRIZARRY

**MANAGER**

**02/05/2021**

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

\_\_\_\_\_  
Date