

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000094448

**Entity Name:** TICALU LLC

**Current Principal Place of Business:**

2655 LEJEUNE ROAD  
SUITE 902  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 LEJEUNE ROAD  
SUITE 902  
CORAL GABLES, FL 33134

**FEI Number:** 82-5225673

**Certificate of Status Desired:** No

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

CORRADA, ALBERT CPA  
2655 LEJEUNE ROAD  
SUITE 902  
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           MANAGER  
Name           LADMANN, PABLO J  
Address        2655 LEJEUNE ROAD  
                  SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           LACOSTE, MARIA F  
Address        2655 LEJEUNE ROAD  
                  SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           LADMANN, CATALINA  
Address        2655 LEJEUNE ROAD  
                  SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           LADMANN, TIMOTEO  
Address        2655 LEJEUNE ROAD  
                  SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           LADMANN, LUCAS  
Address        2655 LEJEUNE ROAD  
                  SUITE 902  
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:** LADMANN , PABLO J

**MANAGER**

**04/28/2023**

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

\_\_\_\_\_  
Date