

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000103801

Entity Name: THE WHITESES, LLC**Current Principal Place of Business:**2211 SAN VITTORINO CIRCLE 9
105
KISSIMMEE , FL 33741**Current Mailing Address:**2211 SAN VITTORINO CIRCLE 9
105
KISSIMMEE , FL 33741 US**FEI Number:** 82-5371384**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ANGELA N. MARTINEZ, P.A.
2100 PONCE DE LEON BOULEVARD
1045
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	AMBR
Name	FRANCIS, SOCRATES R
Address	2100 PONCE DE LEON BLVD SUITE 1045
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	RODRIGUEZ, SEBASTIAN
Address	2100 PONCE DE LEON BOULEVARD SUITE 1045
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	PELAEZ, ALBERTO H
Address	2100 PONCE DE LEON BOULEVARD SUITE 1045
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	ROSAS, LEANDRO J
Address	2100 PONCE DE LEON BOULEVARD SUITE 1045
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: ALBERTO PELAEZ

AP

01/03/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date