

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000107217

**Entity Name:** IRON JUNGLE LLC

**Current Principal Place of Business:**

5880 COLLINS AVE  
UNIT 905  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5880 COLLINS AVE  
UNIT 905  
MIAMI BEACH, FL 33140 US

**FEI Number:** 82-5434283

**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 MGR  
Name IGLESIAS, FERNANDO A  
Address 5880 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name LACOSTE, MARIA C  
Address 5880 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name IGLESIAS LACOSTE, JUAN C  
Address 5880 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name IGLESIAS LACOSTE, ANA MARIA  
Address 5880 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** IGLESIAS , FERNANDO A

M

04/08/2024

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

\_\_\_\_\_  
Date