

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000113350

**Entity Name:** ANPEMAR, LLC.

**Current Principal Place of Business:**

2419 SW 147 AVE  
MIAMI, FL 33185

**Current Mailing Address:**

2419 SW 147 AVE  
MIAMI, FL 33185 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ANGOLA, CAROLINA  
2419 SW 147 AVE  
MIAMI, FL 33185 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 ANGOLA, CAROLINA  
Address 2419 SW 147 AVE  
City-State-Zip: MIAMI FL 33185

Title MBR  
Name ANGOLA, MARIA C  
Address 2419 SW 147 AVE  
City-State-Zip: MIAMI FL 33185

Title MBR  
Name ANGOLA, HELEN  
Address 2419 SW 147 AVE  
City-State-Zip: MIAMI FL 33185

Title MBR  
Name MARTINEZ, GABRIELLA  
Address 2419 SW 147 AVE  
City-State-Zip: MIAMI FL 33185

Title MBR  
Name ANGOLA, JENNY  
Address 2419 SW 147 AVE  
City-State-Zip: MIAMI FL 33185

*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:** ANGOLA CAROLINA

**MGR**

**02/09/2022**

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

\_\_\_\_\_  
Date