

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000131991

Entity Name: ANCARDA HOMES, LLC**Current Principal Place of Business:**6500 WEST 4TH AVE
UNIT 46
HIALEAH, FL 33012**Current Mailing Address:**6500 WEST 4TH AVE
UNIT 46
HIALEAH, FL 33012 US**FEI Number:** 83-0697603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORAL, CESAR O
6500 WEST 4TH AVE
UNIT 46
HIALEAH, FL 33012 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 TORAL, CESAR O
Address 6500 WEST 4TH AVE
City-State-Zip: HIALEAH FL 33012

Title MGR
Name CORDOVA, MARCELA
Address 6500 WEST 4TH AVE
City-State-Zip: HIALEAH FL 33012

Title MGR
Name TORAL, MARIA A
Address 6500 WEST 4TH AVE
UNIT 46
City-State-Zip: HIALEAH FL 33012

Title MGR
Name TORAL, CAROLINA I
Address 6500 WEST 4TH AVE
UNIT 46
City-State-Zip: HIALEAH FL 33012

Title MGR
Name TORAL, DAVID A
Address 6500 WEST 4TH AVE
UNIT 46
City-State-Zip: HIALEAH FL 33012

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: CESAR O TORAL**PRESIDENT****03/17/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date