

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221896

**Entity Name:** DR. NUBE LLC

**Current Principal Place of Business:**

6511 NW 87TH AVE  
MIAMI, FL 33178

**Current Mailing Address:**

6511 NW 87TH AVE  
MIAMI, FL 33178 US

**FEI Number:** 83-1938403

**Certificate of Status Desired:** No

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

CUFARI, ANDRES  
6511 NW 87TH AVE  
MIAMI, FL 33178 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 P  
Name CUFARI, ANDRES  
Address 6511 NW 87TH AVE  
City-State-Zip: MIAMI FL 33178

*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:** ANDRES CUFARI

**MGR**

**04/26/2023**

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

\_\_\_\_\_  
Date