

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000266218

**Entity Name:** NRI WOMAN LLC

**Current Principal Place of Business:**

14540 SAILFISH DR  
CORAL GABLES, FL 33158

**Current Mailing Address:**

14540 SAILFISH DR  
CORAL GABLES, FL 33158 US

**FEI Number:** 84-1727120

**Certificate of Status Desired:** No

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

BROOKSHIRE, NINORAH F  
14540 SAILFISH DR  
CORAL GABLES, FL 33158 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 BROOKSHIRE, NINORAH F  
Address 14540 SAILFISH DR  
City-State-Zip: CORAL GABLES FL 33158

Title AMBR  
Name TAURO, BETTINA  
Address 14540 SAILFISH DR  
City-State-Zip: CORAL GABLES FL 33158

*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:** NINORAH BROOKSHIRE

AMBR

02/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date