

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000269940

**Entity Name:** HERALPIN C.A. LLC

**Current Principal Place of Business:**

123 SE 3RD AVE #302  
MIAMI, FL 33131

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**0796287711CC**

**Current Mailing Address:**

1870 N CORPORATE LAKES BLVD  
STE 268002  
WESTON, FL 33326

**FEI Number: 83-2606985**

**Certificate of Status Desired: No**

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

ALVAREZ, ALONZO  
1870 N CORPORATE LAKES BLVD  
STE 268002  
WESTON, FL 33326 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 ALVAREZ, ALONZO J  
Address 1870 N CORPORATE LAKES BLVD  
STE 268002  
City-State-Zip: WESTON FL 33326

Title MGR  
Name ALVAREZ, JOSE J  
Address 1870 N CORPORATE LAKES BLVD  
STE 268002  
City-State-Zip: WESTON FL 33326

Title MGR  
Name ALVAREZ, ALBERTO K  
Address 1870 N CORPORATE LAKES BLVD  
STE 268002  
City-State-Zip: WESTON FL 33326

Title MGR  
Name ALVAREZ, ANDREA M  
Address 1870 N CORPORATE LAKES BLVD  
STE 268002  
City-State-Zip: WESTON FL 33326

*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: ALONZO ALVAREZ**

**MGR**

**04/29/2021**

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

\_\_\_\_\_  
Date