

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000065926

**Entity Name:** EM FAMILY INVESTMENTS LLC

**Current Principal Place of Business:**

8930 W FLAGLER STREET  
SUITE 216  
MIAMI, FL 33174

**Current Mailing Address:**

8930 W FLAGLER STREET  
SUITE 216  
MIAMI, FL 33174 US

**FEI Number:** 36-4933918

**Certificate of Status Desired:** No

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

JELEN ACCOUNTING SERVICES INC  
4851 NW 79 AVENUE  
SUITE 5  
DORAL, FL 33166 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 ESPINOZA, JUAN  
Address 8930 W FLAGLER ST SUITE 216  
City-State-Zip: MIAMI FL 33174

Title AMBR  
Name MANZANILLA, CARMEN  
Address 8930 W FLAGLER ST SUITE 216  
City-State-Zip: MIAMI FL 33174

Title AMBR  
Name ESPINOZA, CARLA  
Address 8930 W FLAGER ST SUITE 216  
City-State-Zip: MIAMI FL 33174

Title AMBR  
Name MANZANILLA, CARLOS LUIS  
ESPINOZA  
Address 8930 W FLAGLER STREET  
SUITE 216  
City-State-Zip: MIAMI FL 33174

Title AMBR  
Name MANZANILLA, EDILA VANESSA  
ESPINOZA  
Address 8930 W FLAGLER STREET  
SUITE 216  
City-State-Zip: MIAMI FL 33174

*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:** ESPINOZA , JUAN

AMBR

01/25/2024

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

\_\_\_\_\_  
Date