

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000084939

Entity Name: VALVERDE 1 LLC**Current Principal Place of Business:**2100 SALZEDO STREET
SUITE 201
CORAL GABLES, FL 33134**Current Mailing Address:**2100 SALZEDO STREET
SUITE 201
CORAL GABLES, FL 33134 US**FEI Number:** 35-2657889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134 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 | TOHME, ALAIN |
| Address | C/O 2100 SALZEDO STREET, SUITE 201 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|------------------------------------|
| Title | MGR |
| Name | NASSAR, MAYA |
| Address | C/O 2100 SALZEDO STREET, SUITE 201 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|------------------------------------|
| Title | MGR |
| Name | TOHME, DANA MARIA |
| Address | C/O 2100 SALZEDO STREET, SUITE 201 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|------------------------------------|
| Title | MGR |
| Name | TOHME, YASMINE |
| Address | C/O 2100 SALZEDO STREET, SUITE 201 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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: TOHME, ALAIN

MGR

02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date