

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000109915

**Entity Name:** LAB HOSPITALITY CONSULTING & SERVICES LLC

**Current Principal Place of Business:**

11503 NW 89TH STREET  
APT 219  
DORAL, FL 33178

**Current Mailing Address:**

11503 NW 89TH STREET  
APT 219  
DORAL, FL 33178 US

**FEI Number:** 83-4600384

**Certificate of Status Desired:** No

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

BALBUENA, LEANDRO A  
11503 NW 89TH STREET  
APT 219  
DORAL, 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 MGR  
Name BALBUENA, LEANDRO ANTONIO  
Address 11503 NW 89TH STREET  
APT 219  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name BALBUENA, SONIA ELIZABETH  
Address 11503 NW 89TH STREET  
APT 219  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name JONATHAN, DE LUNA  
Address 12119 NW 46TH STREET  
City-State-Zip: CORAL SPRING FL 33076

*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:** LEANDRO A BALBUENA

**MANAGER**

**01/30/2024**

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

\_\_\_\_\_  
Date