## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000115236

Entity Name: 7120 MIRA FLORES LLC

## **Current Principal Place of Business:**

1395 BRICKELL AVE STE 720 MIAMI, FL 33131

# **Current Mailing Address:**

1395 BRICKELL AVE STE 720 MIAMI, FL 33131 US

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

OLE SERVICES LLC 1395 BRICKELL AVE STE 720 MIAMI, FL 33131 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                     | FRANCISCO RUIZ                           |                 |                          | 04/22/2022 |
|-------------------------------|--|-----------------|--------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                          | Date       |
| Authorized Person(s) Detail : |  |                 |                          |            |
| Title                         | MANAGER                                  | Title           | MANAGER                  |            |
| Name                          | MEDEIROS, LUCIANO                        | Name            | GALVAO MEDEIROS, DANIELA |            |
| Address                       | 7120 MIRAFLORES AVE                      | Address         | 7120 MIRAFLORES AVE      |            |
| City-State-Zip:               | CORAL GABLES FL 33143                    | City-State-Zip: | CORAL GABLES FL 33143    |            |
| Title                         | AUTHORIZED REPRESENTATIVE                |                 |                          |            |
| Name                          | RUIZ, FRANCISCO                          |                 |                          |            |
| Address                       | 1395 BRICKELL AVE<br>STE 720             |                 |                          |            |
| City-State-Zip:               | MIAMI FL 33131                           |                 |                          |            |

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: MEDEIROS, LUCIANO

MGR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2022 Secretary of State 9453122144CC

Certificate of Status Desired: No

Date