

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000135808

**Entity Name:** MANES PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

4700 NW 196 TERR  
OPALOCKA, FL 33055

**Current Mailing Address:**

4700 NW 196 TERR  
OPALOCKA, FL 33055

**FEI Number: 84-1973874**

**Certificate of Status Desired:** No

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

MANES SOSA, JAVIER  
4700 NW 196 TERR  
OPALOCKA, FL 33055 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	Title	SEC
Name	MANES SOSA, JAVIER	Name	PENA, IRAIMA
Address	4700 NW 196 TERR	Address	4700 NW 196 TERRACE
City-State-Zip:	OPALOCKA FL 33055	City-State-Zip:	OPALOCKA FL 33055

*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:** MANES SOSA JAVIER

**PRESIDENT**

**03/07/2022**

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

\_\_\_\_\_  
Date