## 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. 04/18/2024

PRESIDENT

SIGNATURE: JAVIER MANES SOSA

Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000135808

#### Entity Name: MANES PROFESSIONAL SERVICES LLC

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

18913 NW 45 AVE MIAMI GARDENS. FL 33055

#### **Current Mailing Address:**

18913 NW 45 AVE MIAMI GARDENS. FL 33055 US

### FEI Number: 84-1973874

### Name and Address of Current Registered Agent:

MANES SOSA, JAVIER 18913 NW 45 AVE MIAMI GARDENS, 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

#### Authorized Person(s) Detail :

Title	MGR	Title	SEC
Name	MANES SOSA, JAVIER	Name	PENA, IRAIMA
Address	18913 NW 45 AVE	Address	18913 NW 45 AVE
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055



FILED Apr 18, 2024 Secretary of State 6273907201CC

Certificate of Status Desired: No

Date

Date