

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000144886

**Entity Name:** LITERALLY MIAMI LLC

**Current Principal Place of Business:**

3590 CORAL WAY  
APT 903  
MIAMI, FL 33145-3076

**Current Mailing Address:**

3590 CORAL WAY  
APT 903  
MIAMI, FL 33145-3076 US

**FEI Number:** 84-2064003

**Certificate of Status Desired:** No

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

AMKE REGISTERED AGENTS, L.L.C  
ONE SE THIRD AVE, STE 2250  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           DEBLINGER, MATTHEW  
Address        ONE SE THIRD AVE, STE 2250  
City-State-Zip: MIAMI FL 33131

Title           MANAGER  
Name           PERTIERRA, DAVID  
Address        ONE SE THIRD AVE, STE 2250  
City-State-Zip: MIAMI FL 33131

Title           MANAGER  
Name           VIDAL, AGUSTIN  
Address        3590 CORAL WAY  
                  APT 903  
City-State-Zip: MIAMI FL 33145-3076

*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:** AGUSTIN VIDAL

**MANAGER**

**04/02/2024**

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

\_\_\_\_\_  
Date