

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000181756

**Entity Name:** BY CLAU LLC

**Current Principal Place of Business:**

20355 NE 34TH CT  
APT 1528  
AVENTURA, FL 33180

**Current Mailing Address:**

20355 NE 34TH CT  
APT 1528  
AVENTURA, FL 33180

**FEI Number:** 84-2554595

**Certificate of Status Desired:** Yes

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

CASTORIANO, CLAUDIA  
20355 NE 34TH CT  
APT 1528  
AVENTURA, FL 33180 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 CASTORIANO, CLAUDIA  
Address 20355 NE 34TH CT, APT 1528  
City-State-Zip: AVENTURA FL 33180

*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:** CLAUDIA CASTORIANO

**OWNER**

**04/27/2023**

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

\_\_\_\_\_  
Date