## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000200441

Entity Name: MAFRIS 2006 LLC

**Current Principal Place of Business:** 

433 NORTH LOOP W

HOUSTON, TX 77008

**Current Mailing Address:** 

433 NORTH LOOP W HOUSTON, TX 77008 US

FEI Number: 61-1942348 Certificate of Status Desired: No

**FILED** May 01, 2024

**Secretary of State** 

4376161518CC

Date

Date

Name and Address of Current Registered Agent:

FINANZ BUTIK MANAGEMENT LLC 1200 BRICKELL AVE STE 800 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: JORGE A. BAUER 05/01/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title MANAGER

MAFRIS HOLDING LLC ALONSO OLIVARES, FRANCISCO Name Name

433 NORTH LOOP W 433 NORTH LOOP W Address Address City-State-Zip: HOUSTON TX 77008 HOUSTON TX 77008 City-State-Zip:

Title **MANAGER** Title MANAGER

Name MATUK CAJIGA, MONICA Name ALONSO MATUK, FRANCISCO Address 433 NORTH LOOP W Address 433 NORTH LOOP W

HOUSTON TX 77008 City-State-Zip: City-State-Zip: HOUSTON TX 77008

Title **MANAGER** Title MANAGER

Name ALONSO MATUK, ISABELA Name ALONSO OLIVARES, JORGE

**EDUARDO** Address 433 NORTH LOOP W 433 NORTH LOOP W Address

City-State-Zip: HOUSTON TX 77008 City-State-Zip: HOUSTON TX 77008

Title **MANAGER** 

Name ALONSO MATUK, MARIA 433 NORTH LOOP W Address City-State-Zip: HOUSTON TX 77008

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.

05/01/2024 SIGNATURE: ALONSO OLIVARES, FRANCISCO **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail