

**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

**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

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MAFRIS HOLDING LLC  
Address 433 NORTH LOOP W  
City-State-Zip: HOUSTON TX 77008

Title MANAGER  
Name ALONSO OLIVARES, FRANCISCO  
Address 433 NORTH LOOP W  
City-State-Zip: HOUSTON TX 77008

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

Title MANAGER  
Name MATUK CAJIGA, MONICA  
Address 433 NORTH LOOP W  
City-State-Zip: HOUSTON TX 77008

Title MANAGER  
Name ALONSO OLIVARES, JORGE  
EDUARDO  
Address 433 NORTH LOOP W  
City-State-Zip: HOUSTON TX 77008

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

Title MANAGER  
Name ALONSO MATUK, MARIA  
Address 433 NORTH LOOP W  
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.*

**SIGNATURE:** ALONSO OLIVARES, FRANCISCO

MANAGER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date