

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000237302

**Entity Name:** NFCGC CAFE LLC

**Current Principal Place of Business:**

8333 NW 53 STREET  
SUITE 450 JUAN VALDEZ  
MIAMI, FL 33166

**Current Mailing Address:**

8333 NW 53 STREET  
SUITE 450 JUAN VALDEZ  
DORAL, FL 33166

**FEI Number:** 26-1173288

**Certificate of Status Desired:** Yes

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

STEWART, CARMEN  
8333 NW 53 STREET  
SUITE 450  
DORAL, FL 33166 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 STEWART, CARMEN  
Address 8333 NW 53 STREET  
City-State-Zip: DORAL FL 33166

Title P  
Name MEJIA, SEBASTIAN  
Address 8333 NW 53 STREET  
City-State-Zip: DORAL FL 33166

Title VP  
Name GARCIA, PEDRO  
Address 8333 NW 53 STREET  
City-State-Zip: DORAL FL 33166

Title TRE  
Name PRIETO, FELIPE  
Address 8333 NW 53 STREET  
City-State-Zip: DORAL FL 33166

Title CHR  
Name ESCOBAR, CAMILA  
Address 8333 NW 53 STREET  
City-State-Zip: DORAL FL 33166

Title SECRETARY  
Name BARBATO, DOMENICO  
Address 8333 NW 53 STREET  
SUITE 450 JUAN VALDEZ  
City-State-Zip: MIAMI FL 33166

*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:** CARMEN STEWART

US A MANAGER

04/28/2022

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

\_\_\_\_\_  
Date