

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000261089

**Entity Name:** HIDALGO HAULING LLC

**Current Principal Place of Business:**

5815 SR 29  
LABELLE, FL 33935

**Current Mailing Address:**

5815 SR 29  
LABELLE, FL 33935

**FEI Number: 85-5155084**

**Certificate of Status Desired: No**

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

BUSTAMANTE, JOANNA  
5815 SR 29  
LABELLE, FL 33935 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	Title	AR
Name	BUSTAMANTE, BENITO	Name	BUSTAMANTE, JOANNA
Address	5815 SR 29	Address	5818 SR 29
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935

*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: JOANNA BUSTAMANTE**

**MANAGER**

**06/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date