## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000022581

Entity Name: BETA CREDIT MANAGEMENT II, LLC

**Current Principal Place of Business:** 

655 WEST FLAGLER ST 207 MIAMI, FL 33130

## **Current Mailing Address:**

655 WEST FLAGLER ST 207 MIAMI, FL 33130 US

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

WEIRES, SCOTT ALAN 14 SOUTHEAST 4TH STREET BOCA RATON, FL 33432 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	SCOTT A. WEIRES		05/04/2023
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	DPS	Title	DT
Name	CUELLAR, JUAN M	Name	SALEMI, JOHN F
Address	219 NW 12TH AVENUE, UNIT C-1	Address	219 NW 12TH AVENUE, UNIT 803
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128
Title	DVP		
Name	VILLAMIZAR, ALEJANDRO		
Address	1701 PONCE DE LEON, SUITE 100		
City-State-Zip:	MIAMI FL 33134		

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: JUAN M. CUELLAR

DPS

05/04/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No