

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000023629

Entity Name: VACRA REAL ESTATE LLC**Current Principal Place of Business:**5350 NW 84 AVE
UNIT 904
DORAL, FL 33166**Current Mailing Address:**5350 NW 84 AVE
UNIT 904
DORAL, FL 33166 US**FEI Number:** 35-2684429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORDOVA, ANGEL D
780 NW 42 AVENUE SUITE 325
MIAMI, FL 33126 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	AMBR
Name	CAMACHO, MARIA
Address	5350 NW 84 AVE #904
City-State-Zip:	DORAL FL 33166

Title	AMBR
Name	MATA, FERNANDO
Address	5350 NW 84 AVE UNIT 904
City-State-Zip:	DORAL FL 33166

Title	AMBR
Name	MATA, GONZALO
Address	5350 NW 84 AVENUE #904
City-State-Zip:	DORAL FL 33166

Title	AMBR
Name	MATA RUIZ, GONZALO
Address	5350 NW 84 AVE UNIT 904
City-State-Zip:	DORAL 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: GONZALO MATA

AMBR

01/20/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date