

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000180055

**Entity Name:** BEE IMPACT WINDOWS AND SHUTTERS LLC

**Current Principal Place of Business:**

2393 POST STREET  
PALM SPRINGS, FL 33406

**Current Mailing Address:**

2393 POST STREET  
PALM SPRINGS, FL 33406 US

**FEI Number:** 85-1794959

**Certificate of Status Desired:** No

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

ALVARADO, VICTOR J  
2393 POST STREET  
PALM SPRINGS, FL 33406 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 ALVARADO, VICTOR J  
Address 2393 POST STREET  
City-State-Zip: PALM SPRINGS FL 33406

Title TREASURER  
Name GONZALEZ, ALEJANDRA J  
Address 2393 POST STREET  
City-State-Zip: PALM SPRINGS FL 33406

Title MANAGER  
Name DIAZ PINEDA, ANDRES B  
Address 5580 S 35TH CT  
City-State-Zip: GREENACRES FL 33463

*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:** VICTOR ALVARADO

AMBR

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date