

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000188252

**Entity Name:** BENT ISLES LLC

**Current Principal Place of Business:**

3201 NE 183RD ST  
APT 801  
AVENTURA, FL 33160

**Current Mailing Address:**

3201 NE 183RD ST  
APT 801  
AVENTURA, FL 33160 US

**FEI Number:** 85-2089833

**Certificate of Status Desired:** No

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

BENTOLILA, MIGUEL  
3201 NE 183RD ST  
APT 801  
AVENTURA, FL 33160 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 BENTOLILA, MIGUEL  
Address 3201 NE 183RD ST  
APT 801  
City-State-Zip: AVENTURA FL 33160

Title MGR  
Name BENTOLILA, ELIAS  
Address 3201 NE 183RD ST  
APT 801  
City-State-Zip: AVENTURA FL 33160

Title MGR  
Name ANTABI DE BENTOLILA, JOYCE  
Address 3201 NE 183RD ST  
APT 801  
City-State-Zip: AVENTURA FL 33160

Title MANAGER  
Name BENTOLILA, DAVID  
Address 2621 NE 212 TERRACE  
202  
City-State-Zip: AVENTURA FL 33180

*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:** MIGUEL BENTOLILA

**MANAGER**

**01/31/2024**

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

\_\_\_\_\_  
Date