registered agent, or both, in the State of Florida.
09/21/2023
Date
PRES
PESANTE, MARTHA I
3618 SE 1ST STREET
Zip: HOMESTEAD FL 33033

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.

AMBR

SIGNATURE: SONIA CLAVELL RODRIGUEZ

Electronic Signature of Signing Authorized Person(s) Detail

С

Certificate of Status Desired: No

Current Principal Place of Business:

Entity Name: SONIA CLAVELL LLC

3618 SE 1ST STREET HOMESTEAD, FL 33033

Current Mailing Address:

3618 SE 1ST STREET HOMESTEAD, FL 33033 US

FEI Number: APPLIED FOR

Ν

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L20000215969

FILED Sep 21, 2023

Secretary of State 3741649691CC

09/21/2023

Date