

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000266054

**Entity Name:** 431 SOUTH C ST., LLC

**Current Principal Place of Business:**

413 SWAIN BLVD.  
GREENACRES, FL 33463

**Current Mailing Address:**

413 SWAIN BLVD.  
GREENACRES, FL 33463

**FEI Number:** 86-2976423

**Certificate of Status Desired:** No

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

ACOSTA, JOSE  
413 SWAIN BLVD.  
GREENACRES, FL 33463 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            ACOSTA, JOSE  
Address        413 SWAIN BLVD.  
City-State-Zip: GREENACRES FL 33463

Title            AMBR  
Name            ACOSTA, SARITA  
Address        413 SWAIN BLVD.  
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:** JOSE ACOSTA

**PRESIDENT**

**04/29/2021**

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

\_\_\_\_\_  
Date