

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000297800

Entity Name: CABUDEL LLC**Current Principal Place of Business:**2445 WINCHESTER LN
ST AUGUSTINE, FL 32092**Current Mailing Address:**2445 WINCHESTER LN
ST AUGUSTINE, FL 32092**FEI Number:** 85-3294022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ FERREIRA, GABRIEL J
2445 WINCHESTER LN
ST AUGUSTINE, FL 32092 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 | ALIAGA, GUILLERMO R |
| Address | 2445 WINCHESTER LN |
| City-State-Zip: | ST AUGUSTINE FL 32092 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | DELUCA, MARIA A |
| Address | 2445 WINCHESTER LN |
| City-State-Zip: | ST AUGUSTINE FL 32092 |

| | |
|-----------------|-----------------------------|
| Title | MGR |
| Name | ALVAREZ FERREIRA, GABRIEL J |
| Address | 2445 WINCHESTER LN |
| City-State-Zip: | ST AUGUSTINE FL 32092 |

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: ALVAREZ FERREIRA , GABRIEL J

MANAGER

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date