

**2024 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**

**03/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date