

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000323221

**Entity Name:** PAR SIMON, LLC

**Current Principal Place of Business:**

5367 WIRLO BRONSON MEMORIAL HWY, KISSIMMEE, FL  
4115  
KISSIMMEE, FL 34746

**Current Mailing Address:**

3900 S GOLDENROD RD SUITE 112  
112  
ORLANDO, FL 32822 US

**FEI Number:** 35-2702074

**Certificate of Status Desired:** No

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

RUIZ, DIEGO ANDRES  
3900 S GOLDENROD RD SUITE 112  
112  
ORLANDO, FL 32822 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:** DIEGO RUIZ

01/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name MAININI, JUAN PABLO SR.  
Address 5367 WIRLO BRONSON MEMORIAL  
HWY, KISSIMMEE, FL  
4115  
City-State-Zip: KISSIMMEE FL 34746

Title SR.  
Name DIEGO, RUIZ SR.  
Address 3900 S GOLDENROD RD SUITE 112  
112  
City-State-Zip: ORLANDO FL 32822

Title AUTHORIZED MEMBER  
Name LLORENTE, MARIA LAURA  
Address 3900 S GOLDENROD RD SUITE 112  
112  
City-State-Zip: ORLANDO FL 32822

*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:** JUAN PABLO MAININI

**AUTHORIZED**

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date