2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000026127

Entity Name: MAFRIS BRICKELL LLC

Current Principal Place of Business:

433 NORTH LOOP W HOUSTON, TX 77008

Current Mailing Address:

433 NORTH LOOP W HOUSTON, TX 77008 US

FEI Number: 86-1817880 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLOBAL ADMINISTRATIVE SERVICES, LLC 4623 NW 84TH AVE DORAL, FL 33166 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: CAROL JAMBRINA 05/01/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

433 NORTH LOOP W

Title MANAGER Title MANAGER

Name ALONSO OLIVARES, FRANCISCO Name ALONSO MATUK, FRANCISCO

Address 433 NORTH LOOP W Address 433 NORTH LOOP W

City-State-Zip: HOUSTON TX 77008 City-State-Zip: HOUSTON TX 77008

Title MANAGER Title MANAGER

Name MATUK CAJIGA, MONICA Name ALONSO OLIVARES, JORGE

EDUARDO

FILED May 01, 2024

Secretary of State

8241911020CC

Date

Date

Address 433 NORTH LOOP W
Address 433 NORTH LOOP W
City-State-Zip: HOUSTON TX 77008

City-State-Zip: HOUSTON TX 77008

Title MANAGER Title MANAGER

Name ALONSO MATUK, ISABELA Name ALONSO MATUK, MARIA

Address 433 NORTH LOOP W

City-State-Zip: HOUSTON TX 77008

Address 433 NORTH LOOP W

City-State-Zip: HOUSTON TX 77008

Title AMBR

City-State-Zip: HOUSTON TX 77008

Address

Name MAFRIS HOLDING LLC
Address 433 NORTH LOOP W

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: ALONSO OLIVARES, FRANCISCO MANAGER 05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail