

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000041473

**Entity Name:** 731 BELLE MEADE LLC

**Current Principal Place of Business:**

4302 SW 186TH AVE  
MIRAMAR, FL 33029

**Current Mailing Address:**

4302 SW 186TH AVE  
MIRAMAR, FL 33029 US

**FEI Number:** 86-1960267

**Certificate of Status Desired:** No

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

ROSALES, LUIS F  
5931 NW 173 DR STE 9  
MIAMI, FL 33015 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 MGR  
Name NEW MIAMI DEVELOPMENT GROUP LLC  
Address 4302 SW 186TH AVE  
City-State-Zip: MIRAMAR FL 33029

Title MGR  
Name OSCAR FUENZALIDA  
Address 184 PALOMA DR  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name LALOICA CAPITAL LLC  
Address 1385 CORAL WAY STE 202  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name GONCALVES, MARCELO  
Address 4302 SW 186TH AVE  
City-State-Zip: MIRAMAR FL 33029

Title MGR  
Name GONCALVES, ADRIANA  
Address 4302 SW 186TH AVE  
City-State-Zip: MIRAMAR FL 33029

*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:** ADRIANA GONCALVES

**MANAGER**

**04/05/2022**

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

\_\_\_\_\_  
Date