

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000127303

**Entity Name:** MBROSFF LLC

**Current Principal Place of Business:**

50 W MASHTA DR  
STE 4  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

4095 STATE ROAD 7 STE L216  
WELLINGTON, FL 33449

**FEI Number:** 86-2951789

**Certificate of Status Desired:** No

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

SLN MANAGEMENT LLC  
4095 STATE ROAD 7 STE L216  
WELLINGTON, FL 33449 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 MERCENARI, JUAN C  
Address 4095 STATE ROAD 7 STE L216  
City-State-Zip: WELLINGTON FL 33449

Title MGR  
Name HASBACH, BERNARDO  
Address 4095 STATE ROAD 7 STE L216  
City-State-Zip: WELLINGTON FL 33449

Title MGR  
Name MERCENARI, FERNANDO H  
Address 4095 STATE ROAD 7 STE L216  
City-State-Zip: WELLINGTON FL 33449

*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:** BERNARDO HASBACH

**MANAGER**

**02/13/2024**

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

\_\_\_\_\_  
Date