

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000149282

**Entity Name:** COMPRESSOR'S HOUSE LLC

**Current Principal Place of Business:**

3577 W 113TH ST  
3101  
HIALEAH, FL 33018

**Current Mailing Address:**

3577 W 113TH ST  
3101  
HIALEAH, FL 33018 US

**FEI Number:** 86-2950889

**Certificate of Status Desired:** No

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

TAX MEDIC CORPORATE SERVICES LLC  
3577 W 113TH ST  
APT 3101  
HIALEAH, FL 33018 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            SANABRIA, JOEL J  
Address        3577 W 113TH ST APT 3101  
City-State-Zip: HIALEAH FL 33018

Title            AMBR  
Name            SILVA, ZULAVY M  
Address        3577 W 113TH ST APT 3101  
City-State-Zip: HIALEAH FL 33018

*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:** JOEL SANABRIA

JOEL SANABRIA

05/31/2022

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

\_\_\_\_\_  
Date