

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000224436

**Entity Name:** 10543 SW 118 AVE, LLC

**Current Principal Place of Business:**

7750 SW 117TH AVE  
SUITE 205  
MIAMI, FL 33183

**Current Mailing Address:**

7750 SW 117TH AVE  
SUITE 205  
MIAMI, FL 33183 US

**FEI Number:** 86-3892799

**Certificate of Status Desired:** No

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

CASTELLON, JACQUELINE  
7750 SW 117TH AVE  
SUITE 205  
MIAMI, FL 33183 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 PEREZ, SELFA  
Address 7750 SW 117TH AVE, SUITE 205  
City-State-Zip: MIAMI FL 33183

Title MGR  
Name CASTELLON, JACQUELINE  
Address 7750 SW 117TH AVE, SUITE 205  
City-State-Zip: MIAMI FL 33183

Title AMBR  
Name PEREZ, SELFA  
Address 7750 SW 117TH AVE, SUITE 205  
City-State-Zip: MIAMI FL 33183

Title AMBR  
Name CASTELLON, JACQUELINE  
Address 7750 SW 117TH AVE, SUITE 205  
City-State-Zip: MIAMI FL 33183

*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:** JACQUELINE CASTELLON

**MEMBER**

**02/07/2023**

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

\_\_\_\_\_  
Date