# that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: JACQUELINE CASTELLON

Electronic Signature of Signing Authorized Person(s) Detail

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L21000225968

Entity Name: 10551 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: 86-3947274

#### 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

#### Authorized Person(s) Detail :

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

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

MEMBER

Certificate of Status Desired: No

FILED Feb 07, 2023 Secretary of State 1056443980CC

02/07/2023

Date

Date