

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000243037

**Entity Name:** MARYLU SWIMWEAR LLC

**Current Principal Place of Business:**

3131 W OAK RIDGE RD  
APT 11-7  
ORLANDO, FL 32809

**Current Mailing Address:**

3131 W OAK RIDGE RD  
APT 11-7  
ORLANDO, FL 32809 US

**FEI Number:** 87-0920685

**Certificate of Status Desired:** No

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

ROSAS TROCONIS, LUIS E  
3131 W OAK RIDGE RD  
APT 11-7  
ORLANDO, FL 32809 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 ROSAS TROCONIS, LUIS E  
Address 3131 W OAK RIDGE RD APT 11-7  
City-State-Zip: ORLANDO FL 32809

Title AMBR  
Name ALFONSI GIOBBI, MARIA L  
Address AVD SAN FCO URB MACARACUAY ED  
CARONI PH1  
City-State-Zip: STATE MIRANDA CITY CARACAS M  
1080

Title AMBR  
Name SALAZAR MERCHAN, ALEJANDRO J  
Address AVD SAN FCO URB MACARACUAY ED  
CARONI PH1  
City-State-Zip: STATE MIRANDA CITY CARACAS M  
1080

*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:** LUIS ROSAS TROCONIS

AMBR

04/08/2024

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

\_\_\_\_\_  
Date