

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000264882

**Entity Name:** LOS MAULLOS LLC

**Current Principal Place of Business:**

999 BRICKELL AVE  
SUITE 820  
MIAMI, FL 33131

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**0556499572CC**

**Current Mailing Address:**

999 BRICKELL AVE  
SUITE 820  
MIAMI, FL 33131 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPAG REGISTERED AGENTS (USA), INC.  
999 BRICKELL AVE  
SUITE 820  
MIAMI, FL 33131 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 SILBERBERG SCHOVELIN, LUIS ANDRES  
Address LOS CEDROS 51, BOSQUES DE MONTEMAR  
City-State-Zip: CONCON, VALPARAISO CL 0000

Title MGR  
Name EWING SIERRALTA, PAULINA  
Address LOS CEDROS 51, BOSQUES DE MONTEMAR  
City-State-Zip: CONCON, VALPARAISO CL 0000

Title MGR  
Name SILBERBERG EWING, PAULINE  
Address LOS CEDROS 51, BOSQUES DE MONTEMAR  
City-State-Zip: CONCON, VALPARAISO CL 0000

Title MGR  
Name SILBERBERG EWING, INGRID  
Address LOS CEDROS 51, BOSQUES DE MONTEMAR  
City-State-Zip: CONCON, VALPARAISO CL 0000

*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: SILBERBERG SCHOVELIN , LUIS ANDRES**

**MANAGER**

**04/08/2022**

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

\_\_\_\_\_  
Date