

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000268419

**Entity Name:** UNIVERSAL FADES LLC

**Current Principal Place of Business:**

270 NW PEACOCK BLVD  
SUITE 111  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

270 NW PEACOCK BLVD  
SUITE 111  
PORT SAINT LUCIE, FL 34986 UN

**FEI Number:** 87-1435382

**Certificate of Status Desired:** No

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

DE LA CRUZ GONZALEZ, PEDRO A  
270 NW PEACOCK BLVD  
SUITE 111  
PORT SAINT LUCIE, FL 34986 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 DE LA CRUZ, NATHALIE  
Address 270 NW PEACOCK BLVD, SUITE 111  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title MANAGER  
Name DE LA CRUZ GONZALEZ, PEDRO A  
Address 270 NW PEACOCK BLVD  
111  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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:** NATHALIE DE LA CRUZ

**MANAGER**

**04/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date