

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000272495

**Entity Name:** DRNANCY.CO, LLC

**Current Principal Place of Business:**

3000 NE 2ND AVE  
#724  
MIAMI, FL 33137

**FILED**  
**Feb 06, 2023**  
**Secretary of State**  
**7643630346CC**

**Current Mailing Address:**

3000 NE 2ND AVENUE  
724  
MIAMI, FL 33137 US

**FEI Number:** 87-1163054

**Certificate of Status Desired:** No

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

VAZQUEZ, NANCY  
3000 NE 2ND AVENUE  
724  
MIAMI, FL 33137 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 VAZQUEZ, NANCY  
Address 3000 NE 2ND AVENUE  
724  
City-State-Zip: MIAMI FL 33137

*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:** NANCY VAZQUEZ

**MANAGER**

**02/06/2023**

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

\_\_\_\_\_  
Date