

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000276732

**Entity Name:** DROGUERIA DEL OESTE, LLC.**Current Principal Place of Business:**2555 PONCE DE LEON BLVD STE 600  
CORAL GABLES, FL 33134**Current Mailing Address:**2555 PONCE DE LEON BLVD STE 600  
CORAL GABLES, FL 33134 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TRANSWORLD BUSINESS MANAGEMENT, LLC  
2555 PONCE DE LEON BLVD STE 600  
CORAL GABLES, FL 33134 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	MALAVE, ROSINA
Address	2555 PONCE DE LEON BLVD STE 600
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	CROCE, ANA FRANCESCA
Address	2555 PONCE DE LEON BLVD STE 600
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	PAVONE, LILIANA
Address	2555 PONCE DE LEON BLVD STE 600
City-State-Zip:	CORAL GABLES FL 33134

*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:** ROSINA MALAVE

MGR

01/25/2022

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