

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000304534

Entity Name: CTLS LLC

Current Principal Place of Business:

10390 SW 63RD CT
PINECREST, FL 33156

Current Mailing Address:

11767 S. DIXIE HGY NO375
PINECREST, FL 33156 US

FEI Number: 87-1530100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOLZENBERG GELLES FLYNN & ARANGO LLP
1533 SUNSET DR STE 150
MIAMI, FL 33143 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	Title	MGR
Name	SHAPIRO, MITCHELL	Name	LOPERA, ANDRES
Address	9850 NW 41ST ST SUITE 250	Address	9850 NW 41ST ST SUITE 250
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

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: MITCHELL SHAPIRO

MBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date