

2023 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:** Yes**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
Name	SHAPIRO, MITCHELL
Address	8103 NW 33RD ST
City-State-Zip:	DORAL FL 33122

Title	MGR
Name	TUDOR, TIMOTHEY
Address	8103 NW 33RD ST
City-State-Zip:	DORAL FL 33122

Title	MGR
Name	LOPERA, ANDRES
Address	8103 NW 33RD ST
City-State-Zip:	DORAL FL 33122

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**MEMBER****04/27/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date