

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000313536

**Entity Name:** WA 7101 LLC

**Current Principal Place of Business:**

5600 SW 135 AVENUE, SUITE 106R  
MIAMI, FL 33183

**Current Mailing Address:**

5600 SW 135 AVENUE, SUITE 106R  
MIAMI, FL 33183 US

**FEI Number:** 87-1825974

**Certificate of Status Desired:** No

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

WEST KENDALL REGISTERED AGENTS, INC.  
5600 SW 135 AVENUE, SUITE 106R  
MIAMI, FL 33183 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:** GABRIEL S DIAZ-SARMIENTO

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CURE DAU, DAVID  
Address 2101 BRICKELL AVENUE, SUITE 3106  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name OSORIO CHACON, CARLOS ALBERTO  
Address 1000 BRICKELL AVENUE, SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name DIAZ-SARMIENTO, GABRIEL S  
Address 5600 SW 135 AVENUE, SUITE 106R  
City-State-Zip: MIAMI FL 33183

Title MGRM  
Name JACUR HOLDING GROUP LLC  
Address 5600 SW 135 AVENUE, SUITE 106R  
City-State-Zip: MIAMI FL 33183

Title MGRM  
Name KRYPTOS LLC  
Address 2101 BRICKELL AVE SUITE 3106  
City-State-Zip: MIAMI FL 33129

Title MGMR  
Name C.A.O. ASSOCIATES, LLC  
Address 1300 BRICKELL BAY DRIVE, APT 4003  
City-State-Zip: MIAMI FL 33130

Title MGR  
Name CURE ORFALE, FAISAL J  
Address 5600 SW 135 AVENUE, SUITE 106R  
City-State-Zip: MIAMI FL 33183

*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:** FAISAL J CURE ORFALE

MGR

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date