

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000339961

Entity Name: 251 GALEN DRIVE 306E LLC**Current Principal Place of Business:**380 REDWOOD LN
KEY BISCAVNE, FL 33149**Current Mailing Address:**380 REDWOOD LN
KEY BISCAVNE, FL 33149**FEI Number:** 87-1926455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ-MARQUEZ, CPA, PA
6303 BLUE LAGOON DR
200
MIAMI, FL 33126 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 | AMBR |
| Name | VISBAL, MARTHA C |
| Address | 380 REDWOOD LN |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | MONTOYA, KATALINA |
| Address | 380 REDWOOD LN |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | CAICEDO, JUAN F |
| Address | 380 REDWOOD LN |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | GONZALEZ, JAIRO |
| Address | 380 REDWOOD LN |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

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: JAIRO GONZALEZ

PRES

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date