

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000342818

**Entity Name:** VILLA SERVICES LLC

**Current Principal Place of Business:**

5730 NW 191 TERRACE  
HIALEAH, FL 33015

**Current Mailing Address:**

5730 NW 191 TERRACE  
HIALEAH, FL 33015 US

**FEI Number:** 87-2016954

**Certificate of Status Desired:** No

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

LEON, ROSA E  
16132 NW 14TH COURT  
PEMBROKE PINES, FL 33028 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 VILLA, IVETTE  
Address 5730 NW 191 TERRACE  
City-State-Zip: HIALEAH FL 33015

*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:** IVETTE VILLA

**MANAGER**

**04/19/2024**

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

\_\_\_\_\_  
Date