

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000383613

**Entity Name:** TAZACORTE, LLC

**Current Principal Place of Business:**

335 S BISCAYNE BLVD,  
APT 2605  
MIAMI, FL 33131

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**0342845659CC**

**Current Mailing Address:**

335 S BISCAYNE BLVD  
APT 2605  
MIAMI, FL 33131 US

**FEI Number:** 87-2376648

**Certificate of Status Desired:** No

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

LORENZO, JOSE E  
335 S BISCAYNE BLVD  
APT 2605  
MIAMI, FL 33131 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 MGRM  
Name LORENZO, JOSE E  
Address 335 S BISCAYNE BLVD, APT 2605  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name ROSAS, RICARDO H  
Address 801 NW 47TH AVE, 907W  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name LORENZO, GABRIEL A  
Address 335 S BISCAYNE BLVD,  
APT 2605  
City-State-Zip: MIAMI FL 33131

*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:** JOSE E LORENZO

**MGRM**

**04/12/2023**

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

\_\_\_\_\_  
Date