

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000392609

**Entity Name:** EIREVIEW PROJECT PARTNERSHIP, LLC

**Current Principal Place of Business:**

1161 LAFOREST DRIVE SE  
NORTH BEND, WA 98045

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**5701467961CC**

**Current Mailing Address:**

7830 NW 161ST TER  
MIAMI LAKES, FL 33016

**FEI Number: 36-4998268**

**Certificate of Status Desired: No**

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

GOMEZ & VELAZQUEZ  
7830 NW 161ST TER  
MIAMI LAKES, FL 33016 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 LAMARANT INVESTMENTS, LLC  
Address 10560 SW 109TH STREET  
City-State-Zip: MIAMI FL 33176

Title AMBR  
Name DELGADO ENTERPRISES, LLC  
Address 1161 LAFOREST DRIVE SE  
City-State-Zip: NORTH BEND WA 98045

Title AMBR  
Name DE ANGULO, JORGE  
Address CRA 19 # 85-73 APTO 501  
City-State-Zip: BOGOTA CU 00000

Title AMBR  
Name SANCHEZ, HERNANDO  
Address AVE CIRCUNVALAR # 84C-50 APTO PH TORRE 6  
City-State-Zip: BOGOTA CU 00000

Title AMBR  
Name GONZALEZ, AUGUSTO  
Address CRA 17A # 106A-28 APTO 601  
City-State-Zip: BOGOTA CU 00000

Title AMBR  
Name SARRIA, ERNESTO  
Address CRA 2DA B # 69A-32  
City-State-Zip: BOGOTA CU 00000

*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: HERNANDO SANCHEZ ARIAS**

**MGR**

**05/01/2023**

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

\_\_\_\_\_  
Date