

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000415721

**Entity Name:** LUXOM PROJECT V, LLC

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE M103-7  
MIAMI, FL 33133

**Current Mailing Address:**

2665 S. BAYSHORE DRIVE  
SUITE M103-7  
MIAMI, FL 33133 US

**FEI Number:** 87-2754659

**Certificate of Status Desired:** Yes

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

BISSU, SAMUEL  
2 GROVE ISLE DR  
APT. 1505  
MIAMI, FL 33133-4112 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 CABRERA LUQUE, JOSE ARCADIO  
Address 6448 CALLE DEL SOL DR  
City-State-Zip: EL PASO TX 79912

Title AMBR  
Name BISSU BAZBAZ, SAMUEL  
Address 2 GROVE ISLE DR  
APT. 1505  
City-State-Zip: MIAMI FL 33133-4112

Title AMBR  
Name LUXOM PROJECT V, US CORP  
Address 2665 S. BAYSHORE DRIVE  
SUITE M103-7  
City-State-Zip: MIAMI FL 33133

*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:** SAMUEL BISSU

AMBR

01/18/2023

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

\_\_\_\_\_  
Date