

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000433291

**Entity Name:** INVERSIONES LLESGAVI LLC

**Current Principal Place of Business:**

5600 NE 4TH AV.  
APT 603  
MIAMI, FL, AL 33137

**Current Mailing Address:**

5600 NE 4TH AV.  
APT 603  
MIAMI, FL, FL 33137 US

**FEI Number:** 87-3004206

**Certificate of Status Desired:** No

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

ESTRADA, CLAUDIA  
5600 NE 4TH AV.  
APT 603  
MIAMI, FL 33137 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 LLANO, JORGE  
Address 150 NE 86TH ST  
City-State-Zip: EL PORTAL FL 33138

Title MGR  
Name VIERA, RENE  
Address 5600 NE 4TH AV APT 603  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name CAROLINA, GARCES  
Address 150 NE 86TH ST  
City-State-Zip: EL PORTAL FL 33138

Title MGR  
Name CLAUDIA, ESTRADA  
Address 5600 NE 4TH AV APT 603  
City-State-Zip: MIAMI FL 33137

*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:** CLAUDIA P ESTRADA

**OWNER**

**02/12/2024**

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

\_\_\_\_\_  
Date