

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000438066

**Entity Name:** NAVIGRA, LLC

**Current Principal Place of Business:**

1500 NW 89 COURT  
SUITE 214  
DORAL, FL 33172

**Current Mailing Address:**

1500 NW 89 COURT  
SUITE 214  
DORAL, FL 33172 US

**FEI Number:** 32-0668074

**Certificate of Status Desired:** No

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

WXC CORPORATION  
8240 NW 52ND TERRACE  
SUITE 305  
DORAL, FL 33166 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 GRANADA, ZIMENA  
Address 1500 NW 89 COURT, SUITE 214  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name NAVIA, DARIO  
Address 1500 NW 89 COURT, SUITE 214  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name NAVIA, JUAN J  
Address 1500 NW 89 COURT, SUITE 214  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name NAVIA, FABIANA  
Address 1500 NW 89 COURT, SUITE 214  
City-State-Zip: DORAL FL 33172

*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:** ZIMENA GRANADA

AMBR

01/25/2022

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

\_\_\_\_\_  
Date