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.

AMBR

SIGNATURE: WALTER SANCHEZ ESCOBAR

Electronic Signature of Signing Authorized Person(s) Detail

CHEZ ESCOBAR, WALTER

Name and Address of Current Registered Agent:

SANCHEZ ESCOBAR, WALTER 1750 NORTH BAYSHORE DRIVE APT 2614 MIAMI, FL 33132 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	: WALTER SANCHEZ ESCOBAR		11/25/2023
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	SANCHEZ ESCOBAR, WALTER	Name	ECHEVERRIA, ANDREA
Address	1750 NORTH BAYSHORE DRIVE APT 2614	Address	1750 NORTH BAYSHORE DRIVE APT 2614
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000502371

Entity Name: BIENES RAICES PRO LLC

Current Principal Place of Business:

4851 NW 79 AVENUE SUITE 5 DORAL, FL 33166

Current Mailing Address:

1750 NORTH BAYSHORE DRIVE APT 2614 MIAMI, FL 33132 US

FEI Number: 36-5002979

11/25/2023

FILED			
Nov 25, 2023			
Secretary of State			
5730688486CR			

Certificate of Status Desired: No

Date