

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000051456

**Entity Name:** EQUITY CONSULTANTS A.R , LLC

**Current Principal Place of Business:**

1469 NW 153 AVE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1469 NW 153 AVE  
PEMBROKE PINES, FL 33028 US

**FEI Number: 88-0691404**

**Certificate of Status Desired: No**

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

GIL, ALEXANDER J  
1469 NW 153 AVE  
PEMBROKE PINES, FL 33028 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 CO-FOUNDER, CHIEF OPERATIONS OFFICER

Name CARBONELL, RICHARD M II

Address 2197 NW 158TH LANE

City-State-Zip: PEMBROKE PINES FL 33028

Title CHAIRMAN, CHIEF MARKETING & INNOVATION OFFICER

Name GIL, ANDREA CECILIA

Address 1469 NW 153 AVE

City-State-Zip: PEMBROKE PINES FL 33028

Title CHAIRMAN, CHIEF OF CONSUMER INSIGHTS & RISK MGMT.

Name MARRERO , CHRISTINA ALEXANDRA

Address 2197 NW 158TH LANE

City-State-Zip: PEMBROKE PINES FL 33028

Title CO FOUNDER, CHIEF OF STRATEGY & PERFORMANCE

Name GIL, ALEXANDER JAVIER

Address 1469 NW 153 AVE

City-State-Zip: PEMBROKE PINES FL 33028

*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: ALEXANDER GIL**

**CO FOUNDER, CHIEF OF STRATEGY & PERFORMANCE 05/05/2024**

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

\_\_\_\_\_  
Date