

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000067746

**Entity Name:** EMGLOMIN, LLC.

**Current Principal Place of Business:**

4995 NW 72 AVENUE SUITE 205  
MIAMI, FL 33166

**Current Mailing Address:**

4995 NW 72 AVENUE SUITE 205  
MIAMI, FL 33166

**FEI Number:** 38-4210626

**Certificate of Status Desired:** No

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

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72 AVENUE SUITE 205  
MIAMI, 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 MGR  
Name CLAUDIO A PIZARRO  
Address 4995 NW 72 AVENUE SUITE 205  
City-State-Zip: MIAMI FL 33166

Title MBR  
Name CLAUDIO A PIZARRO  
Address 4995 NW 72 AVENUE SUITE 205  
City-State-Zip: MIAMI FL 33166

Title MGR  
Name SUSANA C HERRERA  
Address 4995 NW 72 AVENUE SUITE 205  
City-State-Zip: MIAMI FL 33166

Title MBR  
Name SUSANA C HERRERA  
Address 4995 NW 72 AVENUE SUITE 205  
City-State-Zip: MIAMI FL 33166

*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:** CLAUDIO ANDRES PIZARRO PIZARRO

**MGR**

**03/28/2023**

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

\_\_\_\_\_  
Date