

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000070281

**Entity Name:** QUERENCIA LL

**Current Principal Place of Business:**

10200 NW 25TH ST.  
SUITE #209  
DORAL, FL 33172

**Current Mailing Address:**

10200 NW 25TH ST.  
SUITE #209  
DORAL, FL 33172 US

**FEI Number:** 30-1300582

**Certificate of Status Desired:** No

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

BEST ACCOUNTING INC  
10200 NW 25TH ST.  
SUITE #209  
DORAL, FL 33172 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 CARVAJAL, GUSTAVO A  
Address 10200 NW 25TH ST., SUITE #209  
City-State-Zip: DORAL FL 33172

Title MGR  
Name MUNOZ, BEATRIZ E  
Address 10200 NW 25TH ST., SUITE #209  
City-State-Zip: DORAL FL 33172

Title MGR  
Name CARVAJAL, ALEJANDRA  
Address 10200 NW 25TH ST., SUITE #209  
City-State-Zip: DORAL FL 33172

Title MGR  
Name CARVAJAL, CATALINA  
Address 10200 NW 25TH ST., SUITE #209  
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:** GUSTAVO A CARVAJAL

**MGR**

**04/27/2023**

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

\_\_\_\_\_  
Date