# 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.

OWNER

# SIGNATURE: JULIAN ACEVEDO

Electronic Signature of Signing Authorized Person(s) Detail

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000205367

## Entity Name: ACEVEDO PROFESSIONAL SERVICES LLC

#### **Current Principal Place of Business:**

20200 NE 29TH CT N211 AVENTURA, FL 33180

#### **Current Mailing Address:**

20200 NE 29TH CT N211 AVENTURA, FL 33180

#### FEI Number: 88-2395742

### Name and Address of Current Registered Agent:

ACEVEDO, JULIAN 20200 NE 29TH CT N211 AVENTURA, FL 33180 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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	ACEVEDO, JULIAN A	Name	ACEVEDO, LUZ E
Address	20200 NE 29TH CT APT N211	Address	20200 NE 29TH CT APT N211
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180



FILED Feb 17, 2024 Secretary of State 0664228005CC

> 02/17/2024 Date

Date