

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000209011

**Entity Name:** HONEYED RECORDS LLC

**Current Principal Place of Business:**

3403 W 105TH PLACE  
HIALEAH, FL 33018

**FILED**  
**Aug 18, 2023**  
**Secretary of State**  
**7027071189CC**

**Current Mailing Address:**

810 SALZEDO ST  
33  
CORAL GABLES, FL 33134

**FEI Number:** 88-2445356

**Certificate of Status Desired:** Yes

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

DE FIGUEIREDO, SOFIA S  
810 SALZEDO ST  
33  
CORAL GABLES, FL 33134 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            PRES  
Name            DE FIGUEIREDO, SOFIA S  
Address        810 SALZEDO ST APT #33  
City-State-Zip: CORAL GABLES FL 33134

Title            PRES  
Name            ROSELL, ENRIQUE A  
Address        15432 SW 176 TERRACE  
City-State-Zip: MIAMI FL 33187

Title            MGR  
Name            GAMEZ, DIEGO A  
Address        540 BRICKELL KEY DR APT 1413  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            ESTRADA, DANIEL A  
Address        3403 W 105TH PLACE  
City-State-Zip: HIALEAH FL 33018

Title            MGR  
Name            GRANDA, YAMIL JR  
Address        10019 W OKEECHOBEE RD APT 101  
City-State-Zip: HIALEAH GARDENS FL 33016

*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:** ENRIQUE ROSELL

**PRESIDENT**

**08/18/2023**

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

\_\_\_\_\_  
Date