

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000236206

**Entity Name:** BAYVIEW PALMS 433, LLC

**Current Principal Place of Business:**

C/O BAUER GUTIERREZ & BORBON, PLLC  
814 PONCE DE LEON BLVD., STE. 210  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O BAUER GUTIERREZ & BORBON, PLLC  
814 PONCE DE LEON BLVD., STE. 210  
CORAL GABLES, FL 33134

**FEI Number:** 61-2054610

**Certificate of Status Desired:** No

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

BAUER GUTIERREZ & BORBON, PLLC  
814 PONCE DE LEON BLVD., STE. 210  
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            AUTHORIZED MEMBER  
Name            CUADRADO, NATALIA  
Address        C/O BAUER GUTIERREZ & AMP;  
                  BORBON, PLLC  
                  814 PONCE DE LEON BLVD., STE. 210  
  
City-State-Zip: CORAL GABLES FL 33134

*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:** NATALIA CUADRADO

**MANAGER**

**04/08/2024**

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

\_\_\_\_\_ Date