

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000307870

**Entity Name:** CHILE MONOLOCO LLC

**Current Principal Place of Business:**

2040 MIDSHIPMAN DR  
STAFFORD, VA 22554

**Current Mailing Address:**

2040 MIDSHIPMAN DR  
STAFFORD, VA 22554 US

**FEI Number: 88-3338694**

**Certificate of Status Desired: No**

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

CODE1 CONSULTING, LLC  
2598 EAST SUNRISE BOULEVARD  
SUITE 2104  
FORT LAUDERDALE, FL 33304 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	AMBR	Title	AMBR
Name	JIMENEZ, PABLO	Name	CONEJO, PAOLA
Address	MORAVIA SN VICENTE LOS COLEGIOS AV 65C 43K	Address	MTES DE OCA SAN PEDRO LA GRANJA TANTIQUÉ
City-State-Zip:	SAN JOSE SJ 11401	City-State-Zip:	SAN JOSE SJ 11501

*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: JIMENEZ , PABLO**

**AMBR**

**04/25/2023**

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

\_\_\_\_\_  
Date