

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000381841

**Entity Name:** SLASH PINE REAL ESTATE LLC**Current Principal Place of Business:**200 SW 15TH RD APT 4E  
MIAMI, FL 33129**Current Mailing Address:**200 SW 15TH RD APT 4E  
MIAMI, FL 33129**FEI Number:** 97-9745678**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IROSTORZA, RAMIRO  
200 SW 15TH RD APT 4E  
MIAMI, FL 33129 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  
Name IRASTORZA, RAMIRO  
Address 200 SW 15TH RD APT 4E  
City-State-Zip: MIAMI FL 33129

Title AMBR  
Name IRASTORZA, DIEGO J  
Address 200 SW 15TH RD APT 4E  
City-State-Zip: MIAMI FL 33129

Title AMBR  
Name IRASTORZA, JOSE I  
Address 200 SW 15TH RD APT 4E  
City-State-Zip: MIAMI FL 33129

Title AMBR  
Name RADIO INC  
Address 200 SW 15TH RD APT 4E  
City-State-Zip: MIAMI FL 33129

Title MANAGER  
Name SERGIO CASALI  
Address 4341 NE 18 AVE  
City-State-Zip: OAKLAND PARK FL 33334

*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:** RAMIRO IRASTORZA

AMBR

02/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date