

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000385096

Entity Name: ITO REAL LLC**Current Principal Place of Business:**7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702**Current Mailing Address:**7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702 US**FEI Number:** 37-2059890**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702 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 MEDINA GUTIERREZ, LEONEL
Address 7901 4TH ST N, STE 300
City-State-Zip: ST PETERSBURG FL 33702Title AMBR
Name VALES GONZALEZ, JAVIER
Address 7901 4TH ST N, STE 300
City-State-Zip: ST PETERSBURG FL 33702Title AMBR
Name BETANCOURT PACHECO L,
EOPOLDO
Address 7901 4TH ST N, STE 300
City-State-Zip: ST PETERSBURG FL 33702Title AMBR
Name MEDINA GONZÁLEZ, LEONARDO
Address 7901 4TH ST N, STE 300
City-State-Zip: ST PETERSBURG FL 33702Title AMBR
Name VALDEZ VILLAREAL, ALBERTO
Address 7901 4TH ST N, STE 300
City-State-Zip: ST PETERSBURG FL 33702Title AMBR
Name MEDINA VALES, JOSE ENRIQUE
Address 7901 4TH ST N, STE 300
City-State-Zip: ST PETERSBURG FL 33702

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: LEONEL MEDINA GUTIERREZ

AMBR

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date