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.

# DOCUMENT# L22000391196

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: CRANSTON ORIGINS LLC

#### **Current Principal Place of Business:**

11200 PINES BLVD STE 200 PEMBROKE PINES, FL 33026

### **Current Mailing Address:**

11200 PINES BLVD SUITE 200D STE 200 PEMBROKE PINES, FL 33026 UN

#### FEI Number: 92-0546469

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

D'LEON INC 11200 PINES BLVD STE 200 PEMBROKE PINES, FL 33026 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

Authorized Ferson(s) Detail .						
Title	MGMR	Title	MGMR			
Name	MCWHIRTER, SHARON J	Name	GOMEZ GOYENECHE, HECTOR F			
Address	CALLE 89 # 10-57 APT 201	Address	CALLE 89 # 10-57 APT 201			
City-State-Zip:	BOGOTA, CO 11022	City-State-Zip:	BOGOTA CO 11022			

		,	1		
SIGNA	TURE:	HECTOR F G	SOMEZ GOYENECHE	MGMR	04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 05, 2023 Secretary of State 3449122842CC

Certificate of Status Desired: No

Date

Date