

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000417303

**Entity Name:** VELAR MIRABELLA LLC

**Current Principal Place of Business:**

1311 PALMWAY STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1311 PALMWAY STREET  
KISSIMMEE, FL 34744 US

**FEI Number:** 92-0540568

**Certificate of Status Desired:** Yes

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

SOPHOS CONSULTING GROUP CORP  
8333 NW 53RD ST  
STE 450  
MIAMI, FL 33166 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 ESCOBAR CHAVES, VICTORIA  
Address 1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

Title AMBR  
Name ROJAS CIFUENTES, LUIS A  
Address 1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

Title AMBR  
Name ROJAS ESCOBAR, PAOLA A  
Address 1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

Title AP  
Name VELAR GROUP HOLDING CORP  
Address 1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

*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:** VICTORIA ESCOBAR CH

**MRS**

**01/26/2024**

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

\_\_\_\_\_  
Date