

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000479323

**Entity Name:** FLORES MIAMI SAWGRASS LLC

**Current Principal Place of Business:**

301 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

301 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 88-4330018

**Certificate of Status Desired:** No

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

FLORES CROCCO, ARNALDO V  
301 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009 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 MGR  
Name FLORES CROCCO, ARNALDO V  
Address 301 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name SCHMIDT SCHWALM, VERONICA P  
Address 301 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name FLORES GIL, JUAN C  
Address 301 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name FLORES CLARKE, ANIBAL J  
Address 301 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name FLORES CLARKE, RODRIGO I  
Address 301 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** FLORES CROCCO , ARNALDO V

AMBR

03/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date