

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000500523

**Entity Name:** BE MASTER LLC

**Current Principal Place of Business:**

11865 SW 26TH STREET  
C34-1  
MIAMI, FL 33175

**Current Mailing Address:**

12590 PINES BLVD  
SUITE 260434  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 92-1216659

**Certificate of Status Desired:** No

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

L' CHAIM CONSULTING & MANAGEMENT, LLC  
12590 PINES BLVD  
SUITE 260434  
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

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name OCAMPO, ESTEFANI  
Address 11865 SW 26TH STREET SUITE C34-1  
City-State-Zip: MIAMI FL 33175

Title AMBR  
Name RUIZ, LADY J  
Address 11865 SW 26TH STREET SUITE C34-1  
City-State-Zip: MIAMI FL 33175

Title MANAGER  
Name RIVERA, BERNARDO J  
Address 7011 ENVIRON BLVD  
APT 209  
City-State-Zip: LAUDERHILL FL 33319

*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:** LADY RUIZ

**AUTHORIZED MEMBER**

**04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date