

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000508200

**Entity Name:** 936 S. ALHAMBRA CIRCLE, LLC

**Current Principal Place of Business:**

2000 SOUTH DIXIE HIGHWAY  
SUITE 111  
MIAMI, FL 33133

**Current Mailing Address:**

2000 SOUTH DIXIE HIGHWAY  
SUITE 111  
MIAMI, FL 33133 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SUNRISE GROVE MANAGEMENT  
2000 S DIXIE HIGHWAY  
111  
MIAMI, FL 33133 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:** JOSE PITA

03/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                          |                 |                                          |
|-----------------|------------------------------------------|-----------------|------------------------------------------|
| Title           | MGR                                      | Title           | MGR                                      |
| Name            | MACEDO, OLGA                             | Name            | PITA, JOSE R                             |
| Address         | 2000 SOUTH DIXIE HIGHWAY. SUITE #<br>111 | Address         | 2000 SOUTH DIXIE HIGHWAY. SUITE #<br>111 |
| City-State-Zip: | MIAMI FL 33133                           | City-State-Zip: | MIAMI FL 33133                           |

*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:** PITA , JOSE R

MANAGER

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date