

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000026069

**Entity Name:** DA & J LLC

**Current Principal Place of Business:**

10002 N 25TH ST  
TAMPA, FL 33612

**Current Mailing Address:**

10002 N 25TH ST  
TAMPA, FL 33612 UN

**FEI Number:** 92-1706923

**Certificate of Status Desired:** No

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

ACUNA, RAUL  
10002 N 25TH ST  
TAMPA, FL 33612 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 ACUNA, RAUL  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA FL 33612

Title SEC  
Name CALDERON, WILFREDO MORA  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

Title SEC  
Name HERA MORALES, ROBERLEY  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

Title SEC  
Name CURBELO LANDABURGO, CARLOS  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

Title SECRETARY  
Name CASTILLO PEREZ, RONNY  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

Title SECRETARY  
Name RODRIGUEZ CENTENO, NAIROVIS  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

Title SECRETARY  
Name PACHECO THOMAS, ABIGAIL  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

Title SECRETARY  
Name ALONSO GONZALEZ, ELIECER  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612

**Continues on page 2**

*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:** RAUL ACUNA

**MGR**

**03/20/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SECRETARY  
Name GUTIERREZ CALDERON, YEIXANDER  
Address 10002 N 25TH ST  
City-State-Zip: TAMPA 33612