

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000082194

**Entity Name:** 2469 TRIPLEX LLC

**Current Principal Place of Business:**

545 NW 10TH ST  
HOMESTEAD, FL 33030

**Current Mailing Address:**

545 NW 10TH ST  
HOMESTEAD, FL 33030 US

**FEI Number:** 87-4026128

**Certificate of Status Desired:** No

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

VALVERDE, YAINER  
545 NW 10TH ST  
HOMESTEAD, FL 33030 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:** YAINER VALVERDE

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name VALVERDE, ROXANA E  
Address 545 NW 10TH ST  
City-State-Zip: HOMESTEAD FL 33030

Title AMBR  
Name MAQUEIRA, LUIS E  
Address 3764 ESTEPONA AVE  
City-State-Zip: DORAL FL 33178

*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:** ROXANA VALVERDE

**AUTHORIZED  
REPRESENTATIVE**

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date