

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000136886

**Entity Name:** STAYCATIONISTA LLC

**Current Principal Place of Business:**

11563 NW 69TH TER  
DORAL, FL 33178

**Current Mailing Address:**

11563 NW 69TH TER  
DORAL, FL 33178 US

**FEI Number:** 92-3132501

**Certificate of Status Desired:** No

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

ALONSO, JUAN C  
11563 NW 69TH TER  
DORAL, FL 33178 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	Title	MGR
Name	ALONSO, JUAN C	Name	MELO, NICOLAS O
Address	11563 NW 69TH TER	Address	5220 S UNIVERSITY DRIVE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DAVIE FL 33328

*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:** JUAN CARLOS ALONSO

**MANAGER**

**04/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date