

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

DOCUMENT# L23000196929

**Entity Name:** INVERSIONES CMM, L.L.C.

**Current Principal Place of Business:**

6039 COLLINS AVE  
435  
MIAMI, BEACH, AL 33140

**Current Mailing Address:**

145 SW 13TH ST  
427  
MIAMI, FL 33130 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MANSELL, KARLA K  
145 SW 13TH ST  
427  
MIAMI, FL 33130 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 MANSELL, KARLA  
Address 6039 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title MANAGER  
Name GERARDO, ICAZA M SR.  
Address 145 SW 13TH ST  
427  
City-State-Zip: MIAMI FL 33130

*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:** KARLA MANSELL

**MANAGER**

**06/28/2024**

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

\_\_\_\_\_  
Date