

**2024 FLORIDA LIMITED LIABILITY COMPANY 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:**

6039 COLLINS AVE  
435  
MIAMI, BEACH, FL 33140

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MANSELL, KARLA K  
6039 COLLINS AVE  
435  
MIAMI, BEACH, FL 33140 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 CESAR, OCTAVIANO  
Address BALCONES DE SANTO DOMINGO  
City-State-Zip: MANAGUA NI 00000

Title MGR  
Name MANSELL, KARLA  
Address 6039 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** OCTAVIANO CESAR

MGR

04/25/2024

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

\_\_\_\_\_  
Date