

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000218322

**Entity Name:** 505-134 LLC

**Current Principal Place of Business:**

8205 LAKE DR 108  
DORAL, FL 33166

**Current Mailing Address:**

8125 NW 74 AVE 8  
MEDLEY, FL 33166 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REALTY S FLORIDA LLC  
8125 NW 74 AVE 8  
MEDLEY, FL 33166 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            AMBR  
Name            MASPROVENSA LLC  
Address        1309 COFFEEN AVENUE STE 1200  
City-State-Zip: SHERIDAN, WY 82801

*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:** LEOPOLDO RON-PEDRIQUE

**MANAGER**

**04/24/2024**

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

\_\_\_\_\_  
Date