# 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

SIGNATURE: JAVIER AMADO

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L23000239486 Entity Name: 8956 FLAGLER 204, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**Current Principal Place of Business:** 

8956 W FLAGLER STREET APT 204 MIAMI, FL 33174

# **Current Mailing Address:**

10047 NW 88 TERRACE DORAL, FL 33178

## FEI Number: 93-1395362

### Name and Address of Current Registered Agent:

AMADO, JAVIER 10047 NW 88 TERRACE 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

#### Authorized Person(s) Detail :

CE
,

that my name appears above, or on an attachment with all other like empowered. 04/29/2024

FILED Apr 29, 2024 Secretary of State 9619799076CC

Date

Certificate of Status Desired: No

Date

MANAGER