RET DIOORI	NE, 12 33143 00			
FEI Number: 51-0468185			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
STANHAM, NICHOLAS 1000 BRICKELL AVENUE STE 400 MIAMI, FL 33131 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.				
The above harned	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
	l entity submits this statement for the purpose of changing its regis : NICHOLAS STANHAM	tered office or regis	tered agent, or both, in the State of Fl	orida. 04/30/2021
		tered office or regis	tered agent, or both, in the State of Fl	
SIGNATURE	INCHOLAS STANHAM	tered office or regis:	tered agent, or both, in the State of Fi	04/30/2021
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	04/30/2021
SIGNATURE	NICHOLAS STANHAM Electronic Signature of Registered Agent Person(s) Detail :			04/30/2021
SIGNATURE Authorized	NICHOLAS STANHAM Electronic Signature of Registered Agent Person(s) Detail : P	Title	VPS	04/30/2021

Entity Name: MARIA EUGENIA CREATIONS, LLC

Current Principal Place of Business:

299 WEST ENID DRIVE KEY BISCAYNE, FL 33149

Current Mailing Address:

299 WEST ENID DRIVE KEY BISCAYNE, FL 33149 US

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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: MA EUGENIA VILAR DEL VALLE

04/30/2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2021 Secretary of State 6234476790CC

Electronic Signature of Signing Authorized Person(s) Detail