

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000035296

**Entity Name:** M AGUABLANCA, LLC

**Current Principal Place of Business:**

730 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

730 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 20-1156713

**Certificate of Status Desired:** No

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

LAVENDER, JOEL RESQ  
507 S.E. 11TH COURT  
FORT LAUDERDALE, FL 33316 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 MGRM  
Name MARTINEZ, MANUEL  
Address 5 CAYUGA RD  
City-State-Zip: SEA RANCH LAKES FL 33308

Title MGRM  
Name MOLINA, MIGUEL  
Address 1181 N.W. 115TH AVENUE  
City-State-Zip: PLANTATION FL 33323

Title MGR  
Name MOLINA, ROSEVEL  
Address 500 DRIFTWOOD ROAD  
City-State-Zip: NORTH PALM BEACH FL 33408

Title MGR  
Name MARTINEZ, FIDEL  
Address 11092 NW 18TH PLACE  
City-State-Zip: PLANTATION FL 33322

Title AMBR  
Name MOLINA, JOSE  
Address 1941 NE 55TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

Title AMBR  
Name MOLINA, DIMAS  
Address 109 ROYAL PARK DRIVE  
UNIT 2G  
City-State-Zip: OAKLAND PARK FL 33309

Title AMBR  
Name MOLINA, REYNALDO  
Address 498 SE 13TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

*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:** ROSEVEL MOLINA

**MGR**

**02/01/2024**

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

\_\_\_\_\_  
Date