

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062209

Entity Name: GABLES VIEW ,LLC

Current Principal Place of Business:

8390 NW 25 ST
DORAL, FL 33122

Current Mailing Address:

8390 NW 25 ST
DORAL, FL 33122 US

FEI Number: 20-3052034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VADILLO, PABLO PD
8390 NW 25 ST
DORAL, FL 33122 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 VADILLO, PABLO
Address 8390 NW 25 ST
City-State-Zip: DORAL FL 33122

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: PABLO VADILLO

PRES

02/05/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date