# 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.

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L05000122881

# Entity Name: CENTRO DE ARTE LATINOAMERICANO-CAL L.L.C.

# **Current Principal Place of Business:**

11232 N.W. 73 ST. D0RAL, FL 33178

#### **Current Mailing Address:**

11232 N.W. 73 ST. D0RAL, FL 33178

# FEI Number: 20-4228239

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

CORDERO CPA PA 8025 NW 36TH ST 302 DORAL, 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.

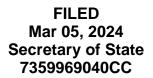
# SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ERMINY, AGUASANTA	Name	ERMINY, JOSEFINA
Address	11232 N.W. 73 ST.	Address	11232 N.W. 73 ST
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

SIGNATURE: AGUASANTA ERMINY MGR Electronic Signature of Signing Authorized Person(s) Detail



Date

Certificate of Status Desired: No

03/05/2024 Date