

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112794

Entity Name: MAJORCA PARTNERS, LLC**Current Principal Place of Business:**300 MAJORCA AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**8200 NE 2ND AVE
UNIT 1
MIAMI, FL 33138 US**FEI Number:** 20-8312568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTING & BUSINESS SERVICES, INC
8200 NE 2ND AVE
UNIT 1
MIAMI, FL 33138 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:** EDITH VARGAS

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	TORRES LANDA RUFFO, JUAN ROBERTO
Address	300 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TORRES LANDA RUFFO, JUAN RICARDO
Address	300 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TORRES LANDA RUFFO, JUAN FRANCISCO
Address	300 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TORRES LANDA RUFFO, PATRICIA ALEJANDRA
Address	300 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TORRES LANDA RUFFO, JUAN ENRIQUE
Address	300 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	FRIAS HUMPHREY, LUIS
Address	300 MAJORCA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

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: LUIS FRIAS HUMPHREY

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date