

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000009537

**Entity Name:** HENRYCON, LLC

**Current Principal Place of Business:**

10893 NW 17TH STREET  
STE. # 129  
MIAMI, FL 33172

**Current Mailing Address:**

10893 NW 17TH STREET  
STE. # 129  
MIAMI, FL 33172 US

**FEI Number:** 20-8349668

**Certificate of Status Desired:** No

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

CALAS, PERLA S.  
14750 NW 77 CT.  
SUITE #300  
MIAMI LAKES, FL 33016 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:** PERLA CALAS SOLE

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CONTRERAS, HENRY  
Address 10893 NW 17TH STREET  
STE. # 129  
City-State-Zip: MIAMI FL 33172  
  
Title DIRECTOR  
Name CONTRERAS, ALEJANDRA  
VALENTINA  
Address 10893 NW 17TH STREET  
STE. # 129  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name DE CONTRERAS, CARMEN G  
Address 10893 NW 17TH STREET  
STE. # 129  
City-State-Zip: MIAMI FL 33172  
  
Title DIRECTOR  
Name CONTRERAS, MARIANA CARINA  
Address 10893 NW 17TH STREET  
STE. # 129  
City-State-Zip: MIAMI FL 33172

*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:** HENRY CONTRERAS

MGR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date