

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066422

Entity Name: SENTAIRE PARTNERS, LLC**Current Principal Place of Business:**8004 NW 154TH STREET
NO. 670
MIAMI LAKES, FL 33016**Current Mailing Address:**8004 NW 154TH STREET
NO. 670
MIAMI LAKES, FL 33016 US**FEI Number:** 51-0641518**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LLOPIS, EDMUNDO G
8004 NW 154TH STREET
NO. 670
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:** EDMUNDO LLOPIS

04/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------------|
| Title | PRINCIPAL PARTNER |
| Name | LLOPIS, EDMUNDO G |
| Address | 8004 NW 154TH STREET NO. 670 |
| City-State-Zip: | MIAMI LAKES FL 33016 |

| | |
|-----------------|---------------------------------|
| Title | PARTNER |
| Name | LLOPIS, NINA B |
| Address | 8004 NW 154TH STREET NO. 670 |
| City-State-Zip: | MIAMI LAKES FL 33016 |

| | |
|-----------------|---------------------------------|
| Title | LEGAL COUNSEL |
| Name | LLOPIS, NICOLE M |
| Address | 8004 NW 154TH STREET NO. 670 |
| City-State-Zip: | MIAMI LAKES FL 33016 |

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: EDMUNDO G. LLOPIS

PRINCIPAL PARTNER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date