

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071334

**Entity Name:** GUSTAVO LARRAZABAL CONSULTANT. LLC

**Current Principal Place of Business:**

6366 NW 99 AV  
DORAL, FL 33178

**Current Mailing Address:**

6366 NW 99 AV  
DORAL, FL 33178 US

**FEI Number:** 26-3056023

**Certificate of Status Desired:** No

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

LARRAZABAL, GUSTAVO  
8867 EMERSON AV  
SURFSIDE, FL 33154 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 LARRAZABAL, GUSTAVO  
Address 6366 NW 99 AVE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name LARRAZABAL, GUSTAVO  
Address 6366 NW 99 AVE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name CARVALLO, VICTOR  
Address 6366 NW 99 AV  
City-State-Zip: DORAL FL 33178

*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:** GUSTAVO LARRAZABAL

MANAGER

01/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date