

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018710

**Entity Name:** CTSTS LLC.

**Current Principal Place of Business:**

10470 NW 26TH ST, SUITE A  
DORAL, FL 33172

**Current Mailing Address:**

10470 NW 26TH ST, SUITE A  
DORAL, FL 33172 US

**FEI Number:** 26-4335399

**Certificate of Status Desired:** Yes

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

ROCHA, KLAUBER W  
12560 SW 126TH AVE  
MIAMI, FL 33186 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	Title	MGR
Name	ROCHA, KLAUBER W	Name	ROCHA, CRISTIANE
Address	12560 SW 126 AVE	Address	12560 SW 126TH AVE.
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** KLAUBER WALZ ROCHA

**OWNER**

**01/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date