

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051259

**Entity Name:** RECOEN FLORIDA, LLC

**Current Principal Place of Business:**

3109 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3121 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1763190

**Certificate of Status Desired:** No

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

GROSSFELD, KEVIN SESQ.  
200 S BISCAYNE BLVD  
SUITE 3600  
MIAMI, FL 33131 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 MGRM  
Name CALTAGIRONE, GAETANO  
Address C/O THE CALTA GROUP  
3121 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name GROSSFELD, KEVIN S  
Address C/O RRRKLA W 20900 NE 30TH AVE,  
#600  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name CALTAGIRONE, IGNAZIO  
Address 3121 PONCE DE LEON BLVD  
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:** IGNAZIO CALTAGIRONE

**MGR**

**02/26/2024**

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

\_\_\_\_\_  
Date