

2022 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:

3109 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 | Title | MGRM |
| Name | CALTAGIRONE, GAETANO | Name | GROSSFELD, KEVIN S |
| Address | C/O THE CALTA GROUP 6356 MANOR LANE 106 | Address | C/O RRRKLAW 20900 NE 30TH AVE, #600 |
| City-State-Zip: | MIAMI FL 33143 | City-State-Zip: | AVENTURA FL 33180 |

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: GAETANO CALTAGIRONE

MGRM

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date