

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077850

**Entity Name:** INVERSIONES LOS CUATRO, LLC

**Current Principal Place of Business:**

350 S MIAMI AVE  
CU-A  
MIAMI, FL 33132

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**7713755821CC**

**Current Mailing Address:**

350 S MIAMI AVE SUITE CU-A  
MIAMI, FL 33130 US

**FEI Number: 27-3492422**

**Certificate of Status Desired: Yes**

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

ANEZ, ALEJANDRO  
350 S MIAMI AVE SUITE CU-A  
MIAMI, FL 33130 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	MANAGER, AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	ANEZ, ALEJANDRO	Name	NAME, FUAD
Address	350 S MIAMI AVE SUITE CU-A	Address	350 S MIAMI AVE SUITE CU-A
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ANEZ, ANTONIO	Name	NAME, HERMES
Address	350 S MIAMI AVE SUITE CU-A	Address	350 S MIAMI AVE SUITE CU-A
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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: ALEJANDRO ANTONIO ANEZ**

**MANAGER**

**02/01/2021**

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

\_\_\_\_\_  
Date