

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044563

**Entity Name:** JORCALIDA LAND SURVEYS L.L.C.

**Current Principal Place of Business:**

8025 LAKE DR  
APT 104  
DORAL, FL 33166

**Current Mailing Address:**

8025 LAKE DR  
APT 104  
DORAL, FL 33166 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CALVO, JORGE  
8025 LAKE DR  
APT 104  
DORAL, FL 33166 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           | MGRM                    |
| Name            | CALVO, JORGE            | Name            | CALVO, MARIA A          |
| Address         | 8025 LAKE DR<br>APT 104 | Address         | 8025 LAKE DR<br>APT 104 |
| City-State-Zip: | DORAL FL 33166          | City-State-Zip: | DORAL FL 33166          |

*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:** JORGE LUIS CALVO

**MGR**

**03/02/2022**

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

\_\_\_\_\_  
Date