

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000104663

**Entity Name:** ARTECITY APARTAMENTOS, LLC

**Current Principal Place of Business:**

10887 NW 17 ST  
206  
MIAMI, FL 33172

**FILED**  
**Mar 09, 2022**  
**Secretary of State**  
**6513661747CC**

**Current Mailing Address:**

10887 NW 17 ST  
206  
MIAMI, FL 33172 US

**FEI Number:** 90-0895466

**Certificate of Status Desired:** No

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

VILLOSLADA, CLARA  
10887 NW 17 ST  
206  
MIAMI, FL 33172 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	MANAGER
Name	VILLOSLADA, CLARA	Name	VILLOSLADA, ADOLFO
Address	10887 NW 17TH ST 206	Address	10887 NW 17 ST 206
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172
Title	MANAGER	Title	MANAGER
Name	VILLOSLADA, ALEXANDER	Name	PINTO, NATALIA
Address	10887 NW 17 ST 206	Address	10887 NW 17 ST 206
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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:** CLARA VILLOSLADA

**MANAGER**

**03/09/2022**

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

\_\_\_\_\_  
Date