	d accurate and that my electronic signature shall have the same legal effect as if made under er 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: RAUL RUIZ

Title	AMBR		
Name	RUIZ, RAUL		
Address	1532 SW 137TH CT.		
City-State-Zip:	MIAMI FL 33184		

## DOCUMENT# L12000112238

Entity Name: EL CASTILLO DE LAS FRUTAS LATIN PROUD LLC

# **Current Principal Place of Business:**

1101 WEST FLAGLER ST. MIAMI, FL 33130

#### **Current Mailing Address:**

1101 WEST FLAGLER ST. MIAMI, FL 33130 US

### FEI Number: 46-0917224

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

RUIZ, RAUL 1101 WEST FLAGLER ST. 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.

b) Delall .		

Electronic Signature of Registered Agent

SIGNATURE: RAUL RUIZ AMBR 05/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

05/22/2021 Date

Date

## FILED May 22, 2021 Secretary of State 7700154761CC

Certificate of Status Desired: No