

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000025652

**Entity Name:** INVERSIONES DOBLE A LLC

**Current Principal Place of Business:**

16994 SW 90TH TERR  
MIAMI, FL 33196

**Current Mailing Address:**

16994 SW 90TH TERR  
MIAMI, FL 33196 US

**FEI Number:** 61-1706332

**Certificate of Status Desired:** No

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

AVILA, YAHILIS  
16994 SW 90TH TERR  
MIAMI, FL 33196 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  
Name AVILA, YAHILIS  
Address 16994 SW 90TH TERR  
City-State-Zip: MIAMI FL 33196

Title MANAGER  
Name ANEZ, ALEXANDER  
Address 16994 SW 90TH TERR  
City-State-Zip: MIAMI FL 33196

Title MANAGER  
Name ANEZ, ALEJANDRA  
Address 16994 SW 90TH TERR  
City-State-Zip: MIAMI FL 33196

Title MANAGER  
Name ANEZ, ALEXANDRA  
Address 16994 SW 90TH TERR  
City-State-Zip: MIAMI FL 33196

Title MANAGER  
Name ANEZ, YAHILIS  
Address 16994 SW 90TH TERR  
City-State-Zip: MIAMI FL 33196

*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:** YAHILIS AVILA

**PRESIDENT**

**02/09/2023**

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

\_\_\_\_\_  
Date