| 812 SW 143 TE | ERR | | | |
|--|---|-------------------------|---|----------------------|
| PEMBROKE P | NES, FL 33027 | | | |
| Current Mai | iling Address: | | | |
| 812 SW 143 PEMBROKE | TERR PINES, FL 33027 US | | | |
| FEI Number: 46-3806180 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| GONZALEZ, N | ESTOR H | | | |
| 812 SW 143 TE | ERR INES, FL 33027 US | | | |
| 812 SW 143 TE PEMBROKE PI | | istered office or regis | tered agent, or both, in the State of Flo | orida. |
| 812 SW 143 TE PEMBROKE P The above name | NES, FL 33027 US | istered office or regis | tered agent, or both, in the State of Flo | orida. 04/30/2024 |
| 812 SW 143 TE PEMBROKE P The above name | NES, FL 33027 US d entity submits this statement for the purpose of changing its reg | istered office or regis | tered agent, or both, in the State of Flo | |
| 812 SW 143 TE PEMBROKE PI The above name SIGNATURE | NES, FL 33027 US d entity submits this statement for the purpose of changing its reg E: NESTOR GONZALEZ | istered office or regis | tered agent, or both, in the State of Flo | 04/30/2024 |
| 812 SW 143 TE PEMBROKE PI The above name SIGNATURE | NES, FL 33027 US d entity submits this statement for the purpose of changing its reg E: NESTOR GONZALEZ Electronic Signature of Registered Agent | istered office or regis | tered agent, or both, in the State of Flo | 04/30/2024 |
| 812 SW 143 TE PEMBROKE PI The above name SIGNATURE Authorized | NES, FL 33027 US d entity submits this statement for the purpose of changing its reg E: NESTOR GONZALEZ Electronic Signature of Registered Agent Person(s) Detail : | | | 04/30/2024 |
| 812 SW 143 TE PEMBROKE PI The above name SIGNATURE Authorized Title | NES, FL 33027 US d entity submits this statement for the purpose of changing its reg E: NESTOR GONZALEZ Electronic Signature of Registered Agent Person(s) Detail : MGRM | Title | MGRM | 04/30/2024 |

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: GONZALEZ , NESTOR H

MGR

04/30/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138679

Entity Name: INVERSIONES MOLINA LLC

Current Principal Place of Business:

FILED Apr 30, 2024 Secretary of State 4650851916CC

Electronic Signature of Signing Authorized Person(s) Detail

Date