

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000006801

**Entity Name:** SALPICON LLC

**Current Principal Place of Business:**

251 VALENCIA AVENUE  
BOX 14-1423  
CORAL GABLES, FL 33114

**Current Mailing Address:**

251 VALENCIA AVENUE  
BOX 14-1423  
CORAL GABLES, FL 33114

**FEI Number:** 46-4520111

**Certificate of Status Desired:** No

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

GONZALEZ, LUISA T  
251 VALENCIA AVENUE  
BOX 14-1423  
CORAL GABLES, FL 33114 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           MANAGER  
Name           GONZALEZ, LUISA T  
Address        251 VALENCIA AVENUE, BOX 14-1423  
City-State-Zip: CORAL GABLES FL 33114

Title           MANAGER  
Name           GONZALEZ, NATALIA  
Address        251 VALENCIA AVENUE  
                  BOX 14-1423  
City-State-Zip: CORAL GABLES FL 33114

*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:** LUISA T GONZALEZ

**MRS**

**04/03/2024**

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

\_\_\_\_\_  
Date