

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130121

**Entity Name:** PASSAGE 7 LLC

**Current Principal Place of Business:**

10955 SW 177 TERR  
MIAMI, FL 33157

**Current Mailing Address:**

10955 SW 177 TERRACE  
MIAMI, FL 33157

**FEI Number:** 47-1632735

**Certificate of Status Desired:** No

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

DUQUE, CARLOS B  
10955 SW 177 TERR  
MIAMI, FL 33157 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            PRESIDENT  
Name            DUQUE, CARLOS B  
Address        10955 SW 177 TERR  
City-State-Zip: MIAMI FL 33157

Title            VP  
Name            HERNANDEZ, JOHANA A  
Address        10955 SW 177 TERRACE  
City-State-Zip: MIAMI FL 33157

Title            SECRETARY  
Name            RESTREPO, LILIANA M  
Address        10955 SW 177 TERRACE  
City-State-Zip: MIAMI FL 33157

Title            MANAGER  
Name            GARCIA, CAROLINA  
Address        10955 SW 177 TERR.  
City-State-Zip: MIAMI FL 33157

Title            MANAGER  
Name            DUQUE, ANDREW  
Address        10955 SW 177 TERR  
City-State-Zip: MIAMI FL 33157

*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:** LILIANA RESTREPO

**SECRETARY**

**03/16/2024**

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

\_\_\_\_\_  
Date