

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000182773

**Entity Name:** SUCIERNI LLC

**Current Principal Place of Business:**

1565 N. PARK DR.  
SUITE # 100  
WESTON, FL 33326

**Current Mailing Address:**

C/O HOMERICH LLC  
1565 N PARK DR STE 100  
WESTON, FL 33326 US

**FEI Number:** 37-1898948

**Certificate of Status Desired:** No

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

HOMERICH LLC  
1565 N PARK DR STE 100  
WESTON, FL 33326 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           | MGR                      | Title           | MGR                      |
| Name            | NICKEL GARAICOA, ERNESTO | Name            | CIFUENTES ALVEAR, SUSANA |
| Address         | 1565 NORTH PARK DR       | Address         | 1565 NORTH PARK DR       |
| City-State-Zip: | WESTON FL 33326          | City-State-Zip: | WESTON FL 33326          |

*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:** NICKEL GARAICOA , ERNESTO

MGR

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date