

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000101933

Entity Name: L32, LLC**Current Principal Place of Business:**950 NE 88TH ST
MIAMI, FL 33138**Current Mailing Address:**950 NE 88TH ST
MIAMI, FL 33138 US**FEI Number:** 47-4377892**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO, VALERIE F
950 NE 88TH ST
MIAMI, FL 33138 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 | AMBR |
| Name | CASTILLO, FRANKLIN E |
| Address | 950 NE 88TH ST |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | CASTILLO, VALERIE F |
| Address | 950 NE 88TH ST |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | ACOSTA, JACQUELINE |
| Address | 950 NE 88TH ST |
| City-State-Zip: | MIAMI FL 33138 |

| | |
|-----------------|----------------------|
| Title | MGR |
| Name | CASTILLO, FRANKLYN M |
| Address | 950 NE 88TH ST |
| City-State-Zip: | MIAMI FL 33138 |

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: CASTILLO , FRANKLIN E

AMBR

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date