

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131923

**Entity Name:** ACOSTA LOPEZ LLC

**Current Principal Place of Business:**

6501 SW 164TH CT  
6501 SW 164TH CT  
MIAMI, FL 33193

**Current Mailing Address:**

6501 SW 164TH CT  
MIAMI, FL 33193 US

**FEI Number:** 81-0985660

**Certificate of Status Desired:** No

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

LOPEZ, ANGELA MRS.  
6501 SW 164TH CT  
MIAMI, FL 33193 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:** ANGELA LOPEZ

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER, PRESIDENT  
Name ACOSTA, HUMBERTO ANTONIO MR.  
Address 6501 SW 164TH CT  
City-State-Zip: MIAMI FL 33193

Title AUTHORIZED MEMBER, MANAGER  
Name LOPEZ, ANGELA MRS.  
Address 6501 SW 164TH CT  
City-State-Zip: MIAMI FL 33193

Title AUTHORIZED MEMBER, TREASURER  
Name ACOSTA, LUCAS DANIEL MR.  
Address 6501 SW 164TH CT  
City-State-Zip: MIAMI FL 33193

Title AUTHORIZED MEMBER, SECRETARY  
Name ACOSTA , MATEO MR.  
Address 6501 SW 164TH CT  
City-State-Zip: MIAMI FL 33193

*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:** LUCAS DANIEL ACOSTA

TREASURER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date