

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000153066

**Entity Name:** 6328 WH AT DORAL LLC

**Current Principal Place of Business:**

5930 NW 99 AVE  
UNIT 9  
DORAL, FL 33178

**Current Mailing Address:**

5930 NW 99 AVE  
UNIT 9  
DORAL, FL 33178 US

**FEI Number:** 30-0883156

**Certificate of Status Desired:** No

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

CASANAS, FLOR M MRS  
5930 NW 99 AVE  
UNIT 9  
DORAL, FL 33178 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            CASANAS, FLOR M  
Address         5930 NW 99 AVE  
                  UNIT 9  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name            CASANAS, PAULO A  
Address         5930 NW 99 AVE  
                  UNIT 9  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name            CASANAS, ORIANNA A.  
Address         5930 NW 99 AVE  
                  UNIT 9  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name            CASANAS, ANDRES E.  
Address         5930 NW 99 AVE  
                  UNIT 9  
City-State-Zip: DORAL FL 33178

Title           MANAGER  
Name            CASANAS, FLOR A.  
Address         5930 NW 99 AVE  
                  UNIT 9  
City-State-Zip: DORAL FL 33178

*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:** FLOR CASANAS

**MANAGER**

**02/09/2024**

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

\_\_\_\_\_  
Date