

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000128430

Entity Name: 5930-9 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:** 35-2567434**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASANAS, FLOR M
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

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date