

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000156523

**Entity Name:** Q BUEN PLAN LLC

**Current Principal Place of Business:**

1000 NW 57TH CT  
SUITE 930  
MIAMI, FL 33126

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**9603130190CC**

**Current Mailing Address:**

1000 NW 57TH CT  
SUITE 930  
MIAMI, FL 33126 US

**FEI Number:** 81-3724151

**Certificate of Status Desired:** No

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

GARCIA, CARLOS I  
1000 NW 57TH CT  
SUITE 930  
MIAMI, FL 33126 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  
Name SKYCORP HOLDING GROUP LLC  
Address 1000 NW 57TH COURT  
SUITE 930  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name MARTINEZ, JORGE E  
Address 480 NE 31ST ST  
UNIT 2901  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name VILLEGAS, SANTIAGO  
Address 737 CRANDON BLVD  
PH 2  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name GARCIA, CARLOS I  
Address 11251 NW 48TH TERRACE  
City-State-Zip: DORAL FL 33178

Title MGR  
Name BECERRA, ANDRES F SR.  
Address 10335 NW 68 STREET  
City-State-Zip: MIAMI 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:** CARLOS I. GARCIA

**MGR**

**04/01/2024**

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

\_\_\_\_\_  
Date