## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000188417

Entity Name: CRISTINA ALONSO, P.L.L.C.

**Current Principal Place of Business:** 

2020 PONCE DE LEON BLVD.

SUITE 1005B

CORAL GABLES, FL 33134

**Current Mailing Address:** 

2020 PONCE DE LEON BLVD. SUITE 1005B CORAL GABLES, FL 33134 US

FEI Number: 81-4105849 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONSO, CRISTINA 2020 PONCE DE LEON BLVD. SUITE 1005B CORAL GABLES, FL 33134 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: CRISTINA ALONSO 04/03/2025

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MNGR

Name ALONSO, CRISTINA ESQ.
Address 2020 PONCE DE LEON BLVD.

SUITE 1005B

City-State-Zip: CORAL GABLES FL 33134

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: CRISTINA ALONSO MANAGER 04/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 03, 2025

**Secretary of State** 

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