### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000197622

Entity Name: JUANACO LLC

#### **Current Principal Place of Business:**

480 NE 31 ST STREET APT 3304 MIAMI, FL 33137

## **Current Mailing Address:**

480 NE 31 ST STREET APT 3304 MIAMI, FL 33137 US

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

NADAL, ALAIN 480 NE 31 ST STREET APT 3304 MIAMI, FL 33137 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

#### Authorized Person(s) Detail :

| Title          | MGR                             | Title           | MGR                             |
|----------------|---------------------------------|-----------------|---------------------------------|
| Name           | THEARD, MICHEL                  | Name            | THEARD, CHRISTINE N             |
| Address        | 480 NE 31 ST STREET<br>APT 3304 | Address         | 480 NE 31 ST STREET<br>APT 3304 |
| City-State-Zip | MIAMI FL 33137                  | City-State-Zip: | MIAMI FL 33137                  |
| Title          | MGR                             | Title           | MGR                             |
| Name           | AUGUSTE, ANABELLE T             | Name            | THEARD, JEAN-LUC                |
| Address        | 480 NE 31 ST STREET<br>APT 3304 | Address         | 480 NE 31 ST STREET<br>APT 3304 |
| City-State-Zip | MIAMI FL 33137                  | City-State-Zip: | MIAMI FL 33137                  |

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.

PD

#### SIGNATURE: MICHEL THEARD

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 29, 2021 Secretary of State 7248961821CC

Certificate of Status Desired: No

Date