## 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.

Electronic Signature of Signing Authorized Person(s) Detail

#### 126 HAMMOCKS CT GREENACRES. FL 33413

**Current Principal Place of Business:** 

Entity Name: 2923 HOPE VALLEY PAID LLC

## **Current Mailing Address:**

DOCUMENT# L17000013621

126 HAMMOCKS CT GREENACRES. FL 33413 US

## FEI Number: 82-5226882

### Name and Address of Current Registered Agent:

NAVARRETE, IVAN 126 HAMMOCKS CT GREENACRES, FL 33413 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	AMBR	Title	AMBR
Name	NAVARRETE, IVAN	Name	NAVARRETE BELTRAN, DARY
Address	126 HAMMOCKS CT	Address	126 HAMMOCKS CT
City-State-Zip:	GREENACRES FL 33413	City-State-Zip:	GREENACRES FL 33413

Certificate of Status Desired: No

FILED Feb 25, 2022 Secretary of State 8487257582CC

Date

02/25/2022

Date

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# SIGNATURE: DARY NAVARRETE BELTRAN

AMBR