

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000052134

Entity Name: COSTA DELRAY, LLC**Current Principal Place of Business:**956 OLD STATE ROAD 8
VENUS, FL 33960**Current Mailing Address:**21800 SW 162 AVENUE
MIAMI, FL 33170 US**FEI Number:** 82-0763034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE ONA, ARIANNA C
21800 SW 162 AVENUE
MIAMI, FL 33170 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:** ARIANNA C. DE OÑA

02/06/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT, CEO
Name SMITH, JOSE I III
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MANAGER, EXECUTIVE VP,
TREASURER
Name SMITH, MARIA COSTA
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MANAGER, GENERAL COUNSEL,
SENIOR VP, SECRETARY
Name DE ONA, ARIANNA C.
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MANAGER, SENIOR VP
Name SMITH, JOSE IGNACIO
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MANAGER, SENIOR VP, CFO
Name GONZALEZ, JESUS M.
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MANAGER, SENIOR VP
Name SAENZ, FABIAN
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MANAGER, SENIOR VP
Name RODRIGUEZ, JOSE DANIEL
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

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: ARIANNA C. DE ONA

MANAGER

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date