2024 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 01/26/2024

Electronic Signature of Registered Agent

Date

FILED Jan 26, 2024

Secretary of State

6453845162CC

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT, CEO Title MANAGER, EXECUTIVE VP,

TREASURER

SMITH, JOSE I III Name

Address

SMITH, MARIA COSTA Name 21800 SW 162 AVENUE

21800 SW 162 AVENUE Address MIAMI FL 33170 City-State-Zip:

City-State-Zip: MIAMI FL 33170

Name

Title

Title MANAGER, GENERAL COUNSEL,

SENIOR VP, SECRETARY

Title MANAGER, SENIOR VP

SMITH, JOSE IGNACIO

MANAGER, SENIOR VP

DE ONA, ARIANNA C. Name 21800 SW 162 AVENUE Address

21800 SW 162 AVENUE Address

City-State-Zip: MIAMI FL 33170

City-State-Zip: MIAMI FL 33170

Title MANAGER, SENIOR VP, CFO GONZALEZ, JESUS M. Name

Name PASCONE, ANTHONY

Address 21800 SW 162 AVENUE

Address 21800 SW 162 AVENUE

City-State-Zip: MIAMI FL 33170 City-State-Zip: MIAMI FL 33170

Title MANAGER, SENIOR VP Title MANAGER, SENIOR VP RODRIGUEZ, JOSE DANIEL Name

SAENZ, FABIAN Name

21800 SW 162 AVENUE

Address 21800 SW 162 AVENUE Address

MIAMI FL 33170 City-State-Zip:

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 DE ONA

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

01/26/2024

Date