## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000106717

Entity Name: LIZA MICHELLE TRINIDAD LLC

Current Principal Place of Business:

4568 SAGEFIELD DRIVE ST. CLOUD, FL 34773

**Current Mailing Address:** 

3049 CANOE CREEK RD ST. CLOUD, FL 34772 US

FEI Number: 82-1960952 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIL SAFE ACCOUNTING, LLC 20 S ROSE AVE SUITE 4 KISSIMMEE, FL 34741 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: FARAH CRUZ 05/01/2025

Electronic Signature of Registered Agent

Date

FILED May 01, 2025

**Secretary of State** 

8547851968CC

## Authorized Person(s) Detail:

Title MGR

Name CARRASQUILLO , LIZA M
Address 3049 CANOE CREEK RD
City-State-Zip: ST. CLOUD FL 34772

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: LIZA M CARRASQUILLO

Electronic Signature of Signing Authorized Person(s) Detail

MGR 05/01/2025

Date