

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000127310

**Entity Name:** SAGRE NATURALS, LLC

**Current Principal Place of Business:**

275 NE 18TH ST  
2009  
MIAMI, FL 33132

**Current Mailing Address:**

275 NE 18TH ST  
2009  
MIAMI, FL 33132 US

**FEI Number:** 82-1858767

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAGRE, CLAUDIA  
275 NE 18TH ST  
2009  
MIAMI, FL 33132 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:** CLAUDIA SAGRE

04/30/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name CLAUDIA , SAGRE  
Address 275 NE 18TH ST  
2009  
City-State-Zip: MIAMI FL 33132

Title MANAGER  
Name CORA, WALTER  
Address 275 NE 18TH ST  
2009  
City-State-Zip: MIAMI FL 33132

*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:** CLAUDIA SAGRE

**DIRECTOR**

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date