

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000168158

**Entity Name:** MARIA B ASTIGARRAGA LLC

**Current Principal Place of Business:**

1500 BAY ROAD  
SUITE 758S  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/ RIO TOROTE, 1192  
URB. EL COTO  
EL CASAR, GUADALAJARA 19170 ES

**FEI Number:** 35-2603257

**Certificate of Status Desired:** Yes

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

ANDREW D. TARR, P.A.  
18660 COLLINS AVENUE  
SUITE #106  
SUNNY ISLES BEACH, FL 33160 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                                     |                 |                                     |
|-----------------|-------------------------------------|-----------------|-------------------------------------|
| Title           | MGR                                 | Title           | MGR                                 |
| Name            | REDONET, LUIS E                     | Name            | ASTIGARRAGA, MARIA B                |
| Address         | C/ RIO TOROTE, 1192<br>URB. EL COTO | Address         | C/ RIO TOROTE, 1192<br>URB. EL COTO |
| City-State-Zip: | EL CASAR 19170                      | City-State-Zip: | EL CASAR 19170                      |

*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:** LUIS E REDONET

**MANAGER**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date