

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000170376

**Entity Name:** BALENGI LLC

**Current Principal Place of Business:**

11206 MANSKER RD  
DADE CITY, FL 33525

**Current Mailing Address:**

11206 MANSKER RD  
DADE CITY, FL 33525 US

**FEI Number:** 82-2574631

**Certificate of Status Desired:** No

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

BRAILLY HECTOR  
11206 MANSKER RD  
DADE CITY, FL 33525 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:** ISABEL BRAILLY

04/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name BRAILLY, GUILLERMO JAVIER  
Address 11206 MANSKER RD  
City-State-Zip: DADE CITY FL 33525

Title PRESIDENT  
Name BRAILLY, HECTOR N  
Address 11206 MANSKER RD  
City-State-Zip: DADE CITY FL 33525

Title MANAGER  
Name BRAILLY, ISABEL  
Address 11206 MANSKER RD  
City-State-Zip: DADE CITY FL 33525

*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:** ISABEL BRAILLY

MANAGER

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date