

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000211754

Entity Name: VISMOR, LLC**Current Principal Place of Business:**9520 S HOLLYBROOK LAKE DR
APT 201
PEMBROKE PINES, FL 33025**Current Mailing Address:**9520 S HOLLYBROOK LAKE DR
APT 201
PEMBROKE PINES, FL 33025 US**FEI Number:** 82-3133835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VISBAL, JAIME A
9520 S HOLLYBROOK LAKE DR
APT 201
PEMBROKE PINES, FL 33025 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	AMBR
Name	VISBAL, JAIME A
Address	9520 S HOLLYBROOK LAKE DR APT 201
City-State-Zip:	PEMBROKE PINES FL 33025

Title	AMBR
Name	VISBAL, MARGARITA L
Address	9520 S HOLLYBROOK LAKE DR APT 201
City-State-Zip:	PEMBROKE PINES FL 33025

Title	AMBR
Name	MORALES, OCTAVIO E
Address	198 SHADROE COVE #503
City-State-Zip:	CAPE CORAL FL 33991

Title	AMBR
Name	MORALES, MERALI
Address	198 SHADROE COVE #503
City-State-Zip:	CAPE CORAL FL 33991

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: JAIME VISBAL

AMBR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date