

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000241153

**Entity Name:** JACUR STADIUM PLAZA LLC

**Current Principal Place of Business:**

5600 SW 135 AVE SUITE 106R  
MIAMI, FL 33183

**Current Mailing Address:**

5600 SW 135 AVE SUITE 106R  
MIAMI, FL 33183 UN

**FEI Number:** 82-3483537

**Certificate of Status Desired:** No

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

WEST KENDALL REGISTERED AGENTS INC.  
5600 SW 135 AVE SUITE 106R  
MIAMI, FL 33183 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 MUNETON

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DIAZ-SARMIENTO, GABRIEL  
Address 5600 SW 135 AVE SUITE 106R  
City-State-Zip: MIAMI FL 33183

Title MGRM  
Name CURE-ORFALE, FAISAL J  
Address 5600 SW 135 AVE SUITE 106R  
City-State-Zip: MIAMI 33183

Title MGR  
Name GARCIA-COHEN, ITAMARA M  
Address 5600 SW 135 AVE SUITE 106R  
City-State-Zip: MIAMI FL 33183

Title MGR  
Name DOUVIS, ALESSANDRO  
Address 5600 SW 135 AVE SUITE 106R  
City-State-Zip: MIAMI 33183

Title MGR  
Name CURE GARCIA, FAISAL  
Address 5600 SW 135 AVE SUITE 106R  
City-State-Zip: MIAMI FL 33183

Title MGR  
Name CURE GARCIA, NATALIA  
Address 5600 SW 135 AVE SUITE 106R  
City-State-Zip: MIAMI 33183

*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:** GABRIEL SERGIO DIAZ-SARMIENTO

MGR

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date