

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000243451

**Entity Name:** MJMN LLC

**Current Principal Place of Business:**

2020 PONCE DE LEON  
BLVD STE 904  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 PONCE DE LEON  
BLVD STE 904  
CORAL GABLES, FL 33134 US

**FEI Number:** 36-4883906

**Certificate of Status Desired:** No

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

AVALON INCORPORATORS LLC  
2020 PONCE DE LEON  
BLVD STE 904  
CORAL GABLES, FL 33134 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:** JUAN JOSE VALERIO ALFARO

03/28/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DE CASTRO, GABRIEL F  
Address 18800 NE 29 AVE  
503  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name DE CASTRO, JOSE G  
Address 5521 NE 1ST CT  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name CAMPOS MONTEROS, CRISTINA V  
Address 18800 NE 29 AVE  
503  
City-State-Zip: AVENTURA FL 33180

*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:** DE CASTRO, JOSE G

AMBR

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date