

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000243835

**Entity Name:** 29220, LLC

**Current Principal Place of Business:**

29220 SW 177 AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

30653 SW 202 AVE  
HOMESTEAD, FL 33030

**FEI Number:** 82-5266745

**Certificate of Status Desired:** No

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

RUBIO, ARTURO  
30653 SW 202 AVE  
HOMESTEAD, FL 33030 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 RUBIO, ARTURO  
Address 30653 SW 202 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title MGR  
Name RUBIO, ARTURO  
Address 30653 SW 202 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title AMBR  
Name RUBIO LIMON, MAYRA G  
Address 19200 SW 264ST  
City-State-Zip: HOMESTEAD FL 33031

Title MGR  
Name RUBIO, MAYRA G  
Address 19200 SW 264ST  
City-State-Zip: HOMESTEAD FL 33031

Title AMBR  
Name RUBIO LIMON, JUAN A  
Address 30653 SW 202 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title MGR  
Name RUBIO LIMON, JUAN A  
Address 30653 SW 202 AVE  
City-State-Zip: HOMESTEAD FL 33030

*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:** MAYRA RUBIO

**MANAGER**

**01/29/2023**

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

\_\_\_\_\_  
Date