## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000036470

**Entity Name: TORY LLC** 

## **Current Principal Place of Business:**

15757 PINES BOULEVARD SUITE 309

PEMBROKE PINES, FL 33027

**Current Mailing Address:** 

15757 PINES BOULEVARD **SUITE 309** PEMBROKE PINES, FL 33027 US

FEI Number: 82-4422870 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, LUZ 15757 PINES BOULEVARD SUITE 309 PEMBROKE PINES, FL 33027 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

**FILED** Mar 08, 2024

**Secretary of State** 

6313247126CC

Authorized Person(s) Detail:

Title **MANAGER** Title **MANAGER** 

Name CASTRO, LUZ M Name SANTIESTEBAN, OSMANY D

15757 PINES BOULEVARD 15757 PINES BOULEVARD Address Address SUITE 309

SUITE 309

City-State-Zip: PEMBROKE PINES FL 33027 City-State-Zip: PEMBROKE PINES FL 33027

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.