

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000057120

Entity Name: MUJERLATINA FL, LLC**Current Principal Place of Business:**4507 W ATLANTIC BLVD
1712
COCONUT CREEK, FL 33066**Current Mailing Address:**P.O.BOX 666832
POMPANO BEACH, FL 33066 US**FEI Number:** 83-4535843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEGARRA, DENISE
5112 SW 139TH AVE
MIRAMAR, 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

Authorized Person(s) Detail :

Title	AR
Name	ESPADA, LORA J
Address	4507 W ATLANTIC BLVD 1712
City-State-Zip:	COCONUT CREEK FL 33066

Title	AMBR
Name	ESPADA, LORA J
Address	4507 W ATLANTIC BLVD 1712
City-State-Zip:	COCONUT CREEK FL 33066

Title	AP
Name	MUJERPR, CORP
Address	URB. PARQUE DE BUCARE II, TUREY ST. #13
City-State-Zip:	GUAYNABO PR 00969

Title	MGR
Name	ESPADA, LORA J LCDA
Address	4507 W ATLANTIC BLVD 1712
City-State-Zip:	COCONUT CREEK FL 33066

Title	M
Name	SEGARRA, DENISE
Address	5112 SW 139TH AVE.
City-State-Zip:	MIRAMAR FL 33027

Title	AP
Name	ESPADA, BLANCA
Address	601 SW 141 AVE, APT 404P
City-State-Zip:	PEMBROKE PINES FL 33025

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: LORA ESPADA

AR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date