

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000104335

**Entity Name:** CLAVIJO C&C, LLC

**Current Principal Place of Business:**

13563 SW 11TH TER  
MIAMI, FL 33184

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**1593473677CC**

**Current Mailing Address:**

13563 SW 11TH TER  
MIAMI, FL 33184 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CLAVIJO, ARIEL  
13563 SW 11TH TER  
MIAMI, FL 33184 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	MGR	Title	MGR
Name	CLAVIJO, ARIEL	Name	FLORES, GUSTAVO A
Address	13563 SW 11TH TER	Address	13563 SW 11TH TER
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33184

*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: GUSTAVO FLORES**

**MGR**

**02/05/2024**

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

\_\_\_\_\_  
Date