

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000141020

**Entity Name:** GARNICA COMPANY LLC

**Current Principal Place of Business:**

17000 N BAY RD  
APT 807  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17000 N BAY RD  
APT 807  
SUNNY ISLES, FL 33160 US

**FEI Number:** 35-2631105

**Certificate of Status Desired:** No

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

GARNICA B, JULIA D  
17000 N BAY RD  
APT 807  
SUNNY ISLES, FL 33160 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            GARNICA B, JULIA D  
Address        17000 N BAY RD  
                  APT 807  
City-State-Zip: SUNNY ISLES FL 33160

*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:** JULIA GARNICA B

AMBR

05/01/2024

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

\_\_\_\_\_  
Date