

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000169589

**Entity Name:** MUSSA CAMBRIDGE, LLC**Current Principal Place of Business:**12501 SW 14TH ST  
205R  
PEMBROKE PINES, FL 33027**Current Mailing Address:**PO BOX 278624  
MIRAMAR, FL 33027 US**FEI Number:** 36-4904657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMOS, TATIANA V  
12501 SW 14TH ST  
205R  
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:** TATIANA V RAMOS

03/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	MUSSA GUZMAN, MAURICIO
Address	341 LAKEVIEW DR 104
City-State-Zip:	WESTON FL 33326
Title	AMBR
Name	MUSSA GUZMAN, JORGE
Address	CALLE NAIGUATA, QUINTA LOS MUSSA EL MARQUES
City-State-Zip:	CARACAS, VE OC
Title	AMBR
Name	MUSSA GUZMAN, LUISANA D
Address	CALLE 5 RES MARIMA APTO 133 TERRAZAS DEL AVILA
City-State-Zip:	CARACAS, VE OC

Title	AMBR
Name	MUSSA GUZMAN, EDMOND
Address	671 NW 82ND TERRACE
City-State-Zip:	CORALSPRINGS FL 33071
Title	AMBR
Name	MUSSA DE MARRERO, YASMIN B
Address	CALLE 5 RES CASCADA DEL AVILA APTO 112. TERRAZAS DEL AVILA
City-State-Zip:	CARACAS, VE OC

*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:** MUSSA GUZMAN , LUISANA D

AMBR

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date