

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247268

**Entity Name:** NPL BRICKELL LLC

**Current Principal Place of Business:**

1865 BRICKELL AVE  
A-1005  
MIAMI, FL 33129

**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**7867016556CC**

**Current Mailing Address:**

455 CORAL WAY A-7  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-2301274

**Certificate of Status Desired:** No

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

SALDARRIAGA, LUIS  
455 CORAL WAY A-7  
CORAL GABLES, FL 33134 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 NICOLE, SALDARRIAGA  
Address 455 CORAL WAY A-7  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name LUIS, SALDARRIAGA J  
Address 455 CORAL WAY A-7  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name VARGAS, PIEDAD L  
Address 455 CORAL WAY A-7  
City-State-Zip: CORAL GABLES FL 33134

*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:** SALDARRIAGA , LUIS

AMBR

01/18/2024

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

\_\_\_\_\_  
Date