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

SIGNATURE: ISABEL RINCON

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent	

### n/a) Datail ... ariand D

Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	RINCON, ISABEL C	Name	RIVAS, HELENA H		
Address	3601 NW 107TH AVE STE 101	Address	3601 NW 107TH AVE STE 101		
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178		

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:	

3601 NW 107TH AVE STE 101

# FEI Number: 83-2390810

# Name and Address of Current Registered Agent:

THE GENESIS FIRM LLC 3105 NW 107TH AVE STE 400-E4

DORAL, FL 33172 US

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000250862

Entity Name: AGUACATE BOUTIQUE LLC

### **Current Principal Place of Business:**

3601 NW 107TH AVE STE 101 DORAL, FL 33178

# **Current Mailing Address:**

DORAL, FL 33178 US

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered.

AMBR

Date