

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000259748

Entity Name: TORAL & CARDEMIL, LLC**Current Principal Place of Business:**1060 BRICKELL AVENUE
APT # 3515
MIAMI, FL 33131**Current Mailing Address:**1060 BRICKELL AVENUE
APT # 3515
MIAMI, FL 33131 US**FEI Number:** 61-1907457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORAL, CRISTOBAL
1060 BRICKELL AVE.
APT # 3515
MIAMI, FL 33131 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 TORAL, CRISTOBAL
Address 1060 BRICKELL AVE, APT# 3515
City-State-Zip: MIAMI FL 33131Title AMBR
Name CARDEMIL, MARTA CECILIA
Address 1060 BRICKELL AVE, APT# 3515
City-State-Zip: MIAMI FL 33131Title AMBR
Name TORAL, PALOMA
Address 1060 BRICKELL AVE, APT# 3515
City-State-Zip: MIAMI FL 33131Title AMBR
Name TORAL, JOSE GUILLERMO
Address 1060 BRICKELL AVE, APT# 3515
City-State-Zip: MIAMI FL 33131Title AMBR
Name TORAL, MARIA PAZ
Address 1060 BRICKELL AVE, APT# 3515
City-State-Zip: MIAMI FL 33131Title AMBR
Name TORAL, JOSEFA
Address 1060 BRICKELL AVE, APT# 3515
City-State-Zip: MIAMI FL 33131

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: CRISTOBAL TORAL

AMBR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date