

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000030682

**Entity Name:** EL CASTILLO ALUM RESTAURANTE LLC

**Current Principal Place of Business:**

1839 NE 180TH ST  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1839 NE 180TH ST  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 83-2589999

**Certificate of Status Desired:** No

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

TAX MEDIC CORPORATE SERVICES LLC  
7911 NW 72ND AVE  
SUITE 219B  
MEDLEY, FL 33166 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	Title	AMBR
Name	ALUM, SERGIO	Name	HERNANDEZ, MARIA M
Address	13910 NW 20TH AVE	Address	13910 NW 20TH AVE
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054

*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:** SERGIO ALUM

AMBR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date