

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000031233

Entity Name: ANALYST OCAMPO LLC

Current Principal Place of Business:

5130 NW 99 AVE
DORAL, FL 33178

Current Mailing Address:

5130 NW 99 AVE
DORAL, FL 33178

FEI Number: 83-3144684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCAMPO MARTINEZ, ILKA
5130 NW 99 AVE
DORAL, FL 33178 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 MGR
Name OCAMPO MARTINEZ, ILKA
Address 5130 NW 99 AVE
City-State-Zip: DORAL FL 33178

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: ILKA OCAMPO MARTINEZ

OWNER

03/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date