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.

OWNER

SIGNATURE: MARIAN CAPRILES

I

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

215 E. CYPRESS ST ORLANDO, FL 32824

Current Mailing Address:

215 E. CYPRESS ST ORLANDO, FL 32824 US

FEI Number: 83-3475709

Name and Address of Current Registered Agent:

CAPRILES, MARIAN 215 E. CYPRESS ST ORLANDO, FL 32824 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	: MARIAN CAPRILES			03/30/2024	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	OWNER	Title	MGR		
Name	CAPRILES , MARIAN	Name	CAPRILES, MARIAN		
Address	215 E. CYPRESS ST	Address	215 E CYPRESS STREET		
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 34711		

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2024 Secretary of State 1645293137CC

Certificate of Status Desired: Yes

03/30/2024

Date