

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000055225

Entity Name: ANAJAIMAN, LLC**Current Principal Place of Business:**5230 NW 109TH AV
UNIT 5
MIAMI, FL 33178**Current Mailing Address:**5230 NW 109TH AV
UNIT 5
MIAMI, FL 33178**FEI Number:** 61-1923528**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGAL TAX & BUSINESS SOLUTIONS
1500 NW 89TH CT.
SUITE 106
DORAL, FL 33172 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:** LUIS EUGENIO DAVILA

03/02/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SCHEKER, ANA PATRICIA
Address 5230 NW 109TH AV
City-State-Zip: MIAMI FL 33178

Title MGRM
Name GARCIA, ANA ISABEL
Address 5230 NW 109TH AV
UNIT 5
City-State-Zip: MIAMI FL 33178

Title MGRM
Name GARCIA, JAIME EDUARDO
Address 5230 NW 109TH AV
UNIT 5
City-State-Zip: MIAMI FL 33178

Title MGRM
Name GARCIA, JAMES VLADIMIR
Address 5230 NW 109TH AV
UNIT 5
City-State-Zip: MIAMI FL 33178

Title MGRM
Name MARIA, LAURA GARCIA
Address 5230 NW 109TH AV
UNIT 5
City-State-Zip: MIAMI 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: ANA PATRICIA SCHEKER

MGRM

03/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date