

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000095806

**Entity Name:** INVERSIONES MARTINEZ CASTILLO LLC**Current Principal Place of Business:**6043 NW 167 STREET A 16  
MIAMI LAKES, FL 33015**Current Mailing Address:**6043 NW 167 STREET A 16  
MIAMI LAKES, FL 33015 US**FEI Number:** 36-4937442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO CAJIAO, ALICIA YOLANDA  
6043 NW 167 STREET A 16  
MIAMI LAKES, FL 33015 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            | CASTILLO CAJIAO, ALICIA YOLANDA |
| Address         | 6043 NW 167 STREET A16          |
| City-State-Zip: | MIAMI LAKES FL 33015            |

|                 |                            |
|-----------------|----------------------------|
| Title           | AMBR                       |
| Name            | CARLOS EDMUNDO, MARTINEZ J |
| Address         | 6043 NW 167 STREET A16     |
| City-State-Zip: | MIAMI FL 33015             |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | AMBR                            |
| Name            | MARTINEZ CASTILLO, CARLOS MARIO |
| Address         | 6043 NW 167 STREET A 16         |
| City-State-Zip: | MIAMI LAKES FL 33015            |

|                 |                            |
|-----------------|----------------------------|
| Title           | AMBR                       |
| Name            | MARTINEZ CASTILLO, DANIELA |
| Address         | 6043 NW 167 STREET A 16    |
| City-State-Zip: | MIAMI LAKES FL 33015       |

*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:** CASTILLO CAJIAO , ALICIA YOLANDA

MGR

04/22/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date