

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000095806

**Entity Name:** INVERSIONES MARTINEZ CASTILLO LLC

**Current Principal Place of Business:**

20350 W COUNTRY CLUB DR  
108-4  
AVENTURA, FL 33180

**Current Mailing Address:**

20350 W COUNTRY CLUB DR  
108-4  
AVENTURA, FL 33180 US

**FEI Number:** 36-4937442

**Certificate of Status Desired:** No

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

CASTILLO CAJIAO, ALICIA YOLANDA  
20350 W COUNTRY CLUB DR  
108-4  
AVENTURA, FL 33180 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 MMGR  
Name CASTILLO CAJIAO, ALICIA YOLANDA 35%  
Address 20350 W COUNTRY CLUB DR 108-4  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name MARTINEZ CASTILLO, CARLOS MARIO 15%  
Address 20350 W COUNTRY CLUB DR 108-4  
City-State-Zip: AVENTURA FL 33180

Title MMGR  
Name CARLOS EDMUNDO, MARTINEZ J 35%  
Address 20350 W COUNTRY CLUB DR 108-4  
City-State-Zip: AVENTURA FL 33180  
  
Title AMBR  
Name MARTINEZ CASTILLO, DANIELA 15%  
Address 20350 W COUNTRY CLUB DR 108-4  
City-State-Zip: AVENTURA FL 33180

*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

MMGR

04/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date