

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000119302

**Entity Name:** EDUARDO AVELLAN, LLC

**Current Principal Place of Business:**

437 VISTA ISLES DR  
SUNRISE, FL 33325

**Current Mailing Address:**

437 VISTA ISLES DR  
SUNRISE, FL 33326 US

**FEI Number: 83-4612778**

**Certificate of Status Desired: No**

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

AVELLAN, EDUARDO E  
437 VISTA ISLES DR  
SUNRISE, FL 33325 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            AMBR  
Name            AVELLAN, EDUARDO E  
Address        437 VISTA ISLES DR  
City-State-Zip: SUNRISE FL 33325

*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: EDUARDO AVELLAN**

**AMBR**

**02/02/2024**

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

\_\_\_\_\_  
Date