

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000131228

**Entity Name:** MIA AUTO SPA DELUXE LLC

**Current Principal Place of Business:**

6324 NW 104TH PATH  
MEDLEY, FL 33178

**Current Mailing Address:**

6324 NW 104TH PATH  
MEDLEY, FL 33178 US

**FEI Number:** 84-2168941

**Certificate of Status Desired:** No

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

KITAMIKADO, SACHI  
6324 NW 104TH PATH  
MEDLEY, FL 33178 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                | Title           | AR                 |
| Name            | KITAMIKADO, SACHI  | Name            | KITAMIKADO, DARIO  |
| Address         | 6324 NW 104TH PATH | Address         | 6324 NW 104TH PATH |
| City-State-Zip: | MEDLEY FL 33178    | City-State-Zip: | MEDLEY 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:** SACHI MARCELA KITAMIKADO

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date