

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000151157

**Entity Name:** HOUSE OF INTUITION - MIAMI, LLC

**Current Principal Place of Business:**

3401 BUENA VISTA BLVD #123  
MIAMI, FL 33127

**Current Mailing Address:**

3401 N MIAMI AVE  
STE 123  
MIAMI, FL 33127 US

**FEI Number:** 84-1964192

**Certificate of Status Desired:** Yes

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

MORERA, LUIS E  
1025 ALTON ROAD, #506  
MIAMI BEACH, FL 33139 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	MORERA, LUIS E
Address	1025 ALTON ROAD, #506
City-State-Zip:	MIAMI BEACH FL 33139
Title	AMBR
Name	MARLENE VARGAS, MARGARET
Address	2237 WEST SUNSET BLVD
City-State-Zip:	LOS ANGELES CA 90026

Title	AMBR
Name	MORERA, LUIS E
Address	1025 ALTON ROAD, #506
City-State-Zip:	MIAMI BEACH FL 33139
Title	AMBR
Name	NARANJO, ALEXANDRA
Address	2237 WEST SUNSET BLVD
City-State-Zip:	LOS ANGELES CA 90026

*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:** MARGARET MARLENE VARGAS

**MEMBER**

**01/10/2024**

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

\_\_\_\_\_  
Date