

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000158083

**Entity Name:** FULLCA LLC

**Current Principal Place of Business:**

652 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

652 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 38-4122925

**Certificate of Status Desired:** No

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

TAXLEAF PEMBROKE PINES LLC  
652 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024 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:** RODRIGO BARBONETTI

04/24/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BOHORQUEZ RONDON, JORAXY  
Address 2022 NE 167TH ST  
City-State-Zip: MIAMI FL 33162

*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:** BOHORQUEZ RONDON , JORAXY

AMBR

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date