

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000180142

**Entity Name:** TAINO MAINTENANCE LLC

**Current Principal Place of Business:**

148 SW PEACOCK BLVD  
BLDG-25 APT-207  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

148 SW PEACOCK BLVD  
BLDG-25 APT-207  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 84-2374667

**Certificate of Status Desired:** No

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

MARIN RAMOS, MARIO  
148 SW PEACOCK BLVD  
BLDG-25 APT-207  
PORT ST LUCIE, FL 34986 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           | AMBR                                     |
| Name            | MARIN RAMOS, MARIO                     | Name            | CLAUDIA MARIN BLAY                       |
| Address         | 148 SW PEACOCK BLVD<br>BLDG-25 APT-207 | Address         | 148 SW PEACOCK BLVD. BLDG-25,<br>APT-207 |
| City-State-Zip: | PORT ST LUCIE FL 34986                 | City-State-Zip: | PORT ST LUCIE FL 34986                   |

*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:** MARIO MARIN RAMOS

MGR

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date