

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000211184

**Entity Name:** HORSE CLUB MIAMI LLC

**Current Principal Place of Business:**

6155 SW 123 AVE  
MIAMI, FL 33183

**Current Mailing Address:**

6155 SW 123 AVE  
MIAMI, FL 33183 US

**FEI Number:** 84-3086060

**Certificate of Status Desired:** Yes

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

MARIN, ALEXANDER M  
6155 SW 123 AVE  
MIAMI, FL 33183 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:** ALEXANDER MARIN

01/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                  |
|-----------------|--------------------|-----------------|------------------|
| Title           | MGR                | Title           | MGR              |
| Name            | MARIN, ALEXANDER M | Name            | ROBERT, VERONICA |
| Address         | 6155 SW 123 AVE    | Address         | 6155 SW 123 AVE  |
| City-State-Zip: | MIAMI FL 33183     | City-State-Zip: | MIAMI FL 33183   |
| Title           | MGR                | Title           | MGR              |
| Name            | SERNA, CRISTYAN    | Name            | SINTES, CAROLINA |
| Address         | 6155 SW 123 AVE    | Address         | 6155 SW 123 AVE  |
| City-State-Zip: | MIAMI FL 33183     | City-State-Zip: | MIAMI FL 33183   |

*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:** ALEXANDER MARIN

MGR

01/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date