

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000217608

**Entity Name:** MARIA C MARTINEZ DE LEON LLC

**Current Principal Place of Business:**

353 CHAFFEE RD N  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

353 CHAFFEE RD N  
JACKSONVILLE, FL 32220

**FEI Number:** 84-2948087

**Certificate of Status Desired:** Yes

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

MARTINEZ-DE LEON, MARIA C  
353 CHAFFEE RD N  
JACKSONVILLE, FL 32220 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            MARTINEZ-DE LEON, MARIA C  
Address        353 CHAFFEE RD N  
City-State-Zip: JACKSONVILLE FL 32220

Title            CFO  
Name            DE LEON, RAUL FERNANDO  
Address        353 CHAFFEE RD N  
City-State-Zip: JACKSONVILLE FL 32220

*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:** MARTINEZ-DE LEON MARIA C

**MANAGER/REGISTERED    01/25/2024**  
**AGENT**

Electronic Signature of Signing Authorized Person(s) Detail

Date