

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000293991

**Entity Name:** RUBEN'S CUSTOM WRAPS LLC

**Current Principal Place of Business:**

2709 ELDRED CT  
APOPKA, FL 33172

**Current Mailing Address:**

2709 ELDRED CT  
APOPKA, FL 33172 US

**FEI Number:** 84-3942864

**Certificate of Status Desired:** No

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

PENA, RUBEN  
2709 ELDRED CT  
APOPKA, FL 32712 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            PRESIDENT  
Name            PENA, RUBEN  
Address        2709 ELDRED CT  
City-State-Zip: APOPKA FL 33172

Title            VP  
Name            PARRAS, VIVIANA  
Address        2709 ELDRED CT  
City-State-Zip: APOPKA FL 33172

*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:** RUBEN PENA

**PRESIDENT**

**03/21/2023**

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

\_\_\_\_\_  
Date