

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000017169

Entity Name: DONNARUMMA-MIRABAL LLC**Current Principal Place of Business:**8400 NW 33RD STREET
#104-A
DORAL, FL 33122**Current Mailing Address:**8400 NW 33RD STREET
#104-A
DORAL, FL 33122 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TARACIDO, NELSON M ESQ.
8400 NW 33RD STREET
SUITE 104
DORAL, FL 33122 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	AMBR
Name	DONNARUMMA MOREIRA, HUMBERTO M
Address	8400 NW 33RD STREET, #104A
City-State-Zip:	DORAL FL 33122

Title	AMBR
Name	DONNARUMMA MIRABAL, HUMBERTO M
Address	8400 NW 33RD STREET, #104A
City-State-Zip:	DORAL FL 33122

Title	AMBR
Name	MARIBAL DONNARUMMA, MARIA R
Address	8400 NW 33RD STREET, #104A
City-State-Zip:	DORAL FL 33122

Title	AMBR
Name	DONNARUMMA MIRABAL, ANGEL F
Address	8400 NW 33RD STREET, #104A
City-State-Zip:	DORAL FL 33122

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: HUMBERTO M DONNARUMMA MOREIRA

AMBR

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date