#### 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. 01/26/2022 SIGNATURE: PETRA ARNEDO

DOCUMENT# L20000081690

Entity Name: CARLOS ARNEDO REVOCABLE LIVING TRUST LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

3552.3566 NW 32 STREET 3571 NW 31 STREET MIAMI, FLORIDA, FL 33142

# **Current Mailing Address:**

2170 NW 140TH AVENUE PEMBROKE PINES, FL 33028

# FEI Number: 83-6862525

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

ARNEDO MCCARTHY, CARIZA 2170 NW 140TH AVENUE PEMBROKE PINES, FL 33028 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

# Authorized Person(s) Detail :

Title	MGR
Name	ARNEDO, PETRA C
Address	2170 NW 140TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028

# Certificate of Status Desired: Yes

Date

Date

## FILED Jan 26, 2022 Secretary of State 6669496110CC

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER