

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000325463

**Entity Name:** NAKED PROCESSING, LLC

**Current Principal Place of Business:**

5300 NW 77TH CT  
DORAL, FL 33016

**Current Mailing Address:**

5300 NW 77TH CT  
DORAL, FL 33016 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GARCIA, JUAN M  
5300 NW 77TH CT  
DORAL, FL 33016 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 AR  
Name GARCIA, JUAN M  
Address 5300 NW 77TH CT  
City-State-Zip: DORAL FL 33016

Title MGR  
Name MILLER, TRUSCOTT  
Address 5300 NW 77TH CT  
City-State-Zip: DORAL FL 33166

Title AR  
Name CALZADILLA, JORGE  
Address 5300 NW 77TH CT  
City-State-Zip: DORAL FL 33166

Title AR  
Name REQUEJO, LUIS  
Address 5300 NW 77TH CT  
City-State-Zip: DORAL FL 33016

*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:** JUAN M GARCIA

**MEMBER**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date