

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000385740

**Entity Name:** ARTURO WHOLESale, LLC

**Current Principal Place of Business:**

1990 WEST 56ST APT 1214  
HIALEAH, FL 33012

**Current Mailing Address:**

1990 WEST 56ST APT 1214  
HIALEAH, FL 33012 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300  
ORLANDO, FL 32801 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 MARTIN, ARTURO  
Address 1990 WEST 56ST APT 1214  
City-State-Zip: HIALEAH FL 33012

Title AUTHORIZED MEMBER  
Name LEAL, LILIANA LEAL  
Address 7100 NW 17TH STREET  
APT 110  
City-State-Zip: PLANTATION FL 33313

*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:** LILIANA LEAL

**AUTHORIZED MEMBER**

**01/04/2021**

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

\_\_\_\_\_  
Date