# 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.

OWNER

SIGNATURE: VALDEZ, MARIA

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

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.

AMBR Title AMBR Title Name Address City-State-Zip:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L21000104420

Entity Name: MARIAS TACOS PLUS LLC

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

29 E. HEATHER AVE DEFUNIAK SPRINGS, FL 32433

#### **Current Mailing Address:**

29 E. HEATHER AVE DEFUNIAK SPRINGS. FL 32433 US

### FEI Number: 98-4788699

## Name and Address of Current Registered Agent:

VALDEZ, MARIA 29 E. HEATHER AVE DEFUNIAK SPRINGS, FL 32433 US

Electronic Signature of Registered Agent Authorized Person(s) Detail :

	VALDEZ, MARIA	Name	OSTRANDER, JAMIE S
	29 E. HEATHER AVE	Address	29 E. HEATHER AVE
<b>)</b> :	DEFUNIAK SPRINGS FL 32433	City-State-Zip:	DEFUNIAK SPRINGS FL 32433

FILED Feb 05, 2024 Secretary of State 1055910865CC

Certificate of Status Desired: No

Date

02/05/2024 Date