

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000128492

**Entity Name:** JULIO ARANGOJUAREZ, PLLC

**Current Principal Place of Business:**

5349 WALKER HORSE DR  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

5349 WALKER HORSE DR  
JACKSONVILLE, FL 32257

**FEI Number: 86-2697352**

**Certificate of Status Desired: No**

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

ARANGOJUAREZ, JULIO  
5349 WALKER HORSE DR  
JACKSONVILLE, FL 32257 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 MGRM  
Name ARANGOJUAREZ, JULIO  
Address 5349 WALKER HORSE DR  
City-State-Zip: JACKSONVILLE FL 32257

*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: JULIO ARANGOJUAREZ**

**MGRM**

**03/07/2023**

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

\_\_\_\_\_  
Date