

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000175026

**Entity Name:** BYSF LLC

**Current Principal Place of Business:**

7505 NW 97TH CT  
DORAL, FL 33178

**Current Mailing Address:**

7505 NW 97TH CT  
DORAL, FL 33178 US

**FEI Number: 86-3472184**

**Certificate of Status Desired: No**

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

LUIS JOSE FONSECA NAVAS  
7505 NW 97TH CT  
DORAL, FL 33178 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 AMBR  
Name LUIS JOSE FONSECA NAVAS  
Address 7505 NW 97TH CT  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name CLAUDIA MARGARITA NEGRON DE FONSECA  
Address 7505 NW 97TH CT  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name SHARON ONIS FONSECA NEGRON  
Address 7505 NW 97TH CT  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name SHANNON MARIA FONSECA NEGRON  
Address 7505 NW 97TH CT  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name LUIS DANIEL FONSECA NEGRON  
Address 7505 NW 97TH CT  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name MARIA DEL MAR MEDINA SAYAGO  
Address 7505 NW 97TH CT  
City-State-Zip: DORAL FL 33178

*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: CLAUDIA NEGRON**

**AMBR**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date