

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000208124

Entity Name: ANDRES NORENA LLC

Current Principal Place of Business:

1135 CABIN BLUFF DR
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

1135 CABIN BLUFF DR
SAINT AUGUSTINE, FL 32092

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORENA, ANDRES
1135 CABIN BLUFF DR
SAINT AUGUSTINE, FL 32092 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	Title	MGR
Name	NORENA, ANDRES	Name	NORENA, SANDRA M
Address	1135 CABIN BLUFF DR	Address	1135 CABIN BLUFF DR
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092

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: NORENA,ANDRES

MGR

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date