

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** Yes

**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:** ANDRES NORENA

12/15/2023

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:** ANDRES NORENA

MANAGER

12/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date