

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000241374

**Entity Name:** AVANT CABINET DESIGN LLC

**Current Principal Place of Business:**

8350 NW 52ND TER  
SUITE 301  
DORAL, FL 33166

**Current Mailing Address:**

8350 NW 52ND TER  
SUITE 301  
DORAL, FL 33166

**FEI Number:** 87-1318711

**Certificate of Status Desired:** No

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

FERNANDEZ, PEDRO  
8290 LAKE DR  
UNIT 415  
DORAL, FL 33166 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  
Name ALBARRAN, JORGE  
Address 8350 NW 52ND TER SUITE 301  
City-State-Zip: DORAL FL 33166

Title MGR  
Name FERNANDEZ, ALVARO  
Address JOSE MIGUEL CARRERA CARRERA  
476  
City-State-Zip: SANTIAGO ST 83701-99

Title MGR  
Name FERNANDEZ, PEDRO  
Address 8290 LAKE DR UNIT 415  
City-State-Zip: DORAL FL 33166

Title MGR  
Name CARDOZO, CARLOS  
Address 9310 FONTAINEBLEAU BLVD  
APT 405  
City-State-Zip: MIAMI FL 33172

*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:** PEDRO FERNANDEZ

PF

04/26/2022

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

\_\_\_\_\_  
Date