

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000249728

**Entity Name:** NATYARPO, LLC

**Current Principal Place of Business:**

670 PINE RIDGE TERRACE  
DAVIE, FL 33325

**Current Mailing Address:**

670 PINE RIDGE TERRACE  
DAVIE, FL 33325 US

**FEI Number:** 87-1006123

**Certificate of Status Desired:** No

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

GONZALEZ & ASSOCIATES III PA  
1820 N CORPORATE LAKES BLVD STE 107  
WESTON, FL 33326 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            RESTREPO, NATALI A  
Address        670 PINE RIDGE TERRACE  
City-State-Zip: DAVIE FL 33325

Title            AMBR  
Name            BETANCOURT, CYNTHIA  
Address        670 PINE RIDGE TERRACE  
City-State-Zip: DAVIE FL 33325

*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:** NATALIA RESTREPO

AMBR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date