## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000257964

Entity Name: LIZ LIN, LLC

**Current Principal Place of Business:** 

6990 NW 186TH ST

HIALEAH, FL 33015

APRT 409

## **Current Mailing Address:**

6990 NW 186TH ST **APRT 409** HIALEAH, FL 33015 US

FEI Number: 87-4209500 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ARBOLAY ALFONSO, LIZMARAY 6990 NW 186TH ST APRT 409 HIALEAH, FL 33015 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

**FILED** Feb 19, 2025

**Secretary of State** 

6717286013CC

## Authorized Person(s) Detail:

Title **PRES** 

Name ARBOLAY ALFONSO, LIZMARAY

6990 NW 186TH ST Address

APRT 409

City-State-Zip: HIALEAH FL 33015

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: LIZMARAY ARBOLAY ALFONSO

Electronic Signature of Signing Authorized Person(s) Detail

**MRS** 

02/19/2025

Date