## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000291934

Entity Name: ADELY HORTENSIA CASTANEDA LLC

inity Name. ADELY HORTENSIA CASTANEDA L

**Current Principal Place of Business:** 

5231 BON VIVANT DR #182

TAMPA, FL 33603

**Current Mailing Address:** 

5231 BON VIVANT DR

#182

TAMPA, FL 33603 US

FEI Number: 87-1435145 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTANEDA, ADELY H 5231 BON VIVANT DR #182 TAMPA, FL 33603 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 Apr 28, 2022

**Secretary of State** 

5563618193CC

Authorized Person(s) Detail:

Title MGR Title AP

Name CASTANEDA, ADELY H Name ACOSTA, ABDON JR.

Address 5231 BON VIVANT DR #182 Address 5231 BON VIVANT DR #182

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33603

Title AP

Name CASTANEDA, MARELY
Address 5231 BON VIVANT DR #182

City-State-Zip: TAMPA FL 33603

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: ADELY H. CASTANEDA

04/28/2022