# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000311455

#### Entity Name: MECJ LLC

### Current Principal Place of Business:

150 SE 2ND AVE SUITE #404 MIAMI, FL 33131

## **Current Mailing Address:**

150 SE 2ND AVE SUITE #404 MIAMI, FL 33131 US

## FEI Number: 87-1597810

# Name and Address of Current Registered Agent:

R&P ACCOUNTING & TAXES, INC. 150 SE 2ND AVE SUITE #404 MIAMI, FL 33131 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

# Authorized Person(s) Detail :

| Title           | AMBR                         | Title           | AMBR                       |
|-----------------|------------------------------|-----------------|----------------------------|
| Name            | CRISPINO ESCOBAR, JUAN DAVID | Name            | CRISPINO ESCOBAR, CARLOS S |
| Address         | 150 SE 2ND AVE SUITE #404    | Address         | 150 SE 2ND AVE SUITE #404  |
| City-State-Zip: | MIAMI FL 33131               | City-State-Zip: | MIAMI FL 33131             |
|                 |                              |                 |                            |
|                 |                              |                 |                            |
| Title           | AMBR                         |                 |                            |
| Title<br>Name   | AMBR<br>MECJ SAS             |                 |                            |
|                 |                              |                 |                            |
| Name            | MECJ SAS<br>CR 43 A 19 17    |                 |                            |

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: CRISPINO ESCOBAR JUAN DAVID

AMBR

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 30, 2024 Secretary of State 0069749479CC

Certificate of Status Desired: No