

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000410034

**Entity Name:** GABRIEL DE LA TORRE RN LLC

**Current Principal Place of Business:**

970 NE 37 PL  
HOMESTEAD, FL 33033-5832

**Current Mailing Address:**

970 NE 37 PL  
HOMESTEAD, FL 33033-5832 US

**FEI Number: 87-2773682**

**Certificate of Status Desired: Yes**

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

DE LA TORRE, GABRIEL A  
970 NE 37 PL  
HOMESTEAD, FL 33033-5832 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 DE LA TORRE, GABRIEL A  
Address 970 NE 37 PL  
City-State-Zip: HOMESTEAD FL 33033-5832

*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: GABRIEL DE LA TORRE**

**MR.**

**02/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date