

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000496073

**Entity Name:** WARM TOUCH LLC

**Current Principal Place of Business:**

7825 NW 107 AVE  
APT 617  
DORAL, FL 33178

**Current Mailing Address:**

7825 NW 107 AVE  
APT 617  
DORAL, FL 33178 US

**FEI Number:** 87-3864607

**Certificate of Status Desired:** No

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

CASTILLO, EDUARDO  
816 NW 11 ST  
APT 1008  
MIAMI, FL 33136 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	Title	MGR
Name	CASTILLO, EDUARDO	Name	CAPUTO, MARIA
Address	816 NW 11 ST APT 1008	Address	7825 NW 107 AVE APT 617
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	DORAL FL 33178

*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:** CASTILLO, EDUARDO

**MANAGER**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date