

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000089372

**Entity Name:** INVERSONS MYL LLC

**Current Principal Place of Business:**

10420 NW 74TH ST  
UNIT 303  
DORAL, FL 33178

**Current Mailing Address:**

10420 NW 74TH ST  
UNIT 303  
DORAL, FL 33178

**FEI Number:** 87-4591889

**Certificate of Status Desired:** No

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

ORREGO, MARIA M  
10420 NW 74TH ST  
UNIT 303  
DORAL, FL 33178 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 JIMENEZ, LINA  
Address 10420 NW 74TH ST  
City-State-Zip: DORAL FL 33178

Title MGR  
Name LATORRE, MAXIMILIANO  
Address 10420 NW 74TH ST  
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:** MAXIMILIANO LATORRE

MGR

04/10/2024

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

\_\_\_\_\_  
Date