

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000095687

**Entity Name:** 13728, LLC

**Current Principal Place of Business:**

14350 SW 284 STREET  
HOMESTEAD, FL 33033

**Current Mailing Address:**

14350 SW 284 STREET  
HOMESTEAD, FL 33033 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ESCOBEDO, CRISTINA  
14350 SW 284 STREET  
HOMESTEAD, FL 33033 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 AMBR  
Name ESCOBEDO, CRISTINA  
Address 14350 SW 284 STREET  
City-State-Zip: HOMESTEAD FL 33033

Title MGR  
Name ESCOBEDO, CRISTINA  
Address 14350 SW 284 STREET  
City-State-Zip: HOMESTEAD FL 33033

Title MGR  
Name PERELLO, JULIAN A  
Address 28121 SW 128 PATH  
City-State-Zip: HOMESTEAD FL 33033

Title MGR  
Name PERELLO, BRANDON M  
Address 341 NE 2ND STREET  
UNIT 105  
City-State-Zip: FLORIDA CITY FL 33034

Title MGR  
Name PERELLO, DAMIAN G  
Address 21802 SW 134 AVE  
City-State-Zip: MIAMI FL 33170

*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:** CRISTINA ESCOBEDO

AMBR

03/02/2023

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

\_\_\_\_\_  
Date