

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000134681

Entity Name: HACIENDA LAS CALAVERAS LLC**Current Principal Place of Business:**4855 W HILLSBORO BLVD
B3
COCONUT CREEK, FL 33073**Current Mailing Address:**4855 W HILLSBORO BLVD
B3
COCONUT CREEK, FL 33073 US**FEI Number:** 36-5016181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTADOR RA LLC
4855 W HILLSBORO BLVD
B3
COCONUT CREEK, FL 33073 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 ESPINOSA TORRES, MANUEL C
Address 4855 W HILLSBORO BLVD B3
City-State-Zip: COCONUT CREEK FL 33073Title AMBR
Name ESPINOSA TORRES, IVONNE
Address 4855 W HILLSBORO BLVD B3
City-State-Zip: COCONUT CREEK FL 33073Title AMBR
Name ESPINOSA TORRES, CESAR
Address 4855 W HILLSBORO BLVD B3
City-State-Zip: COCONUT CREEK FL 33073Title AMBR
Name TORRES ABRIL, CESAR E
Address 4855 W HILLSBORO BLVD B3
City-State-Zip: COCONUT CREEK FL 33073Title AMBR
Name TORRES ABRIL, JUAN P
Address 4855 W HILLSBORO BLVD B3
City-State-Zip: COCONUT CREEK FL 33073

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: ESPINOSA TORRES , MANUEL C

AMBR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date