## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000141497

Entity Name: CINCO LUZES, LLC

FILED
Apr 16, 2024
Secretary of State
4524965378CC

## **Current Principal Place of Business:**

175 VALOR DR SE UNIT 202 PALM BAY. FL 32909

## **Current Mailing Address:**

175 VALOR DR SE UNIT 202 PALM BAY, FL 32909-6659 US

FEI Number: 88-1626738 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FORD-TORRES, KARIN L 175 VALOR DR SE UNIT 202 PALM BAY, FL 32909 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 AMGR Title AMBR

Name FORD-TORRES, KARIN L Name CALDERON, PATRICIA T

Address 175 VALOR DR SE UNIT 202 Address 9156 TAVISTOCK LAKES BLVD

City-State-Zip: PALM BAY FL 32909-6659 City-State-Zip: ORLANDO FL 32927

Title AMBR Title AMBR

NameTORRES, KATHERINE MNameTORRES, JULIO CAddress8407 SHAPLEY STAddress703 SWEETBRIAR RDCity-State-Zip:ORLANDO FL 32827City-State-Zip:ORLANDO FL 32806

Title AMBR

Name TORRES-DEAS, LUCILLE M

Address 14 ESQUIRE RD

City-State-Zip: NEW CITY NY 10956

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: KARIN FORD-TORRES

Electronic Signature of Signing Authorized Person(s) Detail

**AMGR** 

04/16/2024