

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000151733

**Entity Name:** HELIN LATAM LLC

**Current Principal Place of Business:**

8440 NW 66TH ST  
MIAMI, FL 33166

**Current Mailing Address:**

8440 NW 66TH ST  
MIAMI, FL 33166 US

**FEI Number:** 88-1723024

**Certificate of Status Desired:** Yes

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

SALINAS, RICARDO  
8185 NW 68TH ST  
MIAMI, FL 33166 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            | Title           | MANAGER, AUTHORIZED MEMBER |
| Name            | SALINAS, CAMILA | Name            | SALINAS, RICARDO           |
| Address         | 8185 NW 68TH ST | Address         | 8185 NW 68TH ST            |
| City-State-Zip: | MIAMI FL 33166  | City-State-Zip: | MIAMI FL 33166             |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | STRAGA, MIGUEL ANDRES     |
| Address         | 8440 NW 66TH ST           |
| City-State-Zip: | MIAMI FL 33166            |

*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:** RICARDO SALINAS

MANAGER, AUTHORIZED MEMBER 04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date