

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000167707

**Entity Name:** 8388 SUMMER FIELD, LLC**Current Principal Place of Business:**1637 SE 1ST ST  
POMPANO BEACH, FL 33060**Current Mailing Address:**1637 SE 1ST ST  
POMPANO BEACH, FL 33060**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMES, RUBIA A  
1637 SE 1ST ST  
POMPANO BEACH, FL 33060 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            | GOMES, RUBIA A         |
| Address         | 1637 SE 1ST ST         |
| City-State-Zip: | POMPANO BEACH FL 33060 |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | MBR                                      |
| Name            | THE RUBIA A GOMES REVOCABLE LIVING TRUST |
| Address         | 1637 SE 1ST STREET                       |
| City-State-Zip: | POMPANO BEACH FL 33060                   |

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | PEREZ, VIRGINIA G      |
| Address         | 1637 SE 1ST STREET     |
| City-State-Zip: | POMPANO BEACH FL 33060 |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | MBR                                         |
| Name            | THE VIRGINIA G PEREZ REVOCABLE LIVING TRUST |
| Address         | 1637 SE 1ST STREET                          |
| City-State-Zip: | POMPANO BEACH FL 33060                      |

*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:** RUBIA AUREA GOMES

MGR

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date