

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000216508

**Entity Name:** NCRUZ LLC

**Current Principal Place of Business:**

8500 SW 92 ST  
MIAMI, FL 33156

**Current Mailing Address:**

8500 SW 92 ST  
MIAMI, FL 33156 US

**FEI Number:** 88-2480269

**Certificate of Status Desired:** No

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

RAUL E. PASTRAN  
333 NE CAMPBELL DRIVE  
HOMESTEAD, FL 33030 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 IRIS M CRUZ DALECCIO DDS PA  
Address 8500 SW 92 ST  
City-State-Zip: MIAMI FL 33156

Title MBR  
Name IRIS M CRUZ DALECCIO DDS PA  
Address 8500 SW 92 ST  
City-State-Zip: MIAMI FL 33156

*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:** IRIS M CRUZ DALECCIO DDS PA

**OWNER**

**03/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date