

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000228398

**Entity Name:** CRESKA 235 LLC

**Current Principal Place of Business:**

19201 COLLINS AVENUE  
UNIT 235  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

19201 COLLINS AVENUE  
UNIT 235  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

KATZ, JAVIER  
19201 COLLINS AVENUE  
UNIT 235  
SUNNY ISLES BEACH, FL 33160 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, PRESIDENT, AUTHORIZED MEMBER  
Name HINTERMEISTER CEPPO, GABRIELA  
Address 19201 COLLINS AVENUE UNIT 235  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER, AUTHORIZED MEMBER, VP  
Name CEPPO, GUILLERMO ANTONIO  
Address 19201 COLLINS AVENUE UNIT 235  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER, MANAGER  
Name CEPPO, MARTIN ANDREA  
Address 19201 COLLINS AVENUE UNIT 235  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER, AUTHORIZED MEMBER  
Name CEPPO, MARCOS  
Address 19201 COLLINS AVENUE UNIT 235  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER, MANAGER  
Name CEPPO, NADIA  
Address 19201 COLLINS AVENUE UNIT 235  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** HINTERMEISTER CEPPO GABRIELA

**PRESIDENT**

**10/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date