

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000355005

**Entity Name:** SM DIGITAL MEDIA FLORIDA, LLC

**Current Principal Place of Business:**

1101 BRICKELL AVENUE  
SOUTH TOWER, 8TH FLOOR  
MIAMI, FL 33131

**FILED**  
**Mar 21, 2023**  
**Secretary of State**  
**8842165289CC**

**Current Mailing Address:**

1101 BRICKELL AVENUE  
SOUTH TOWER, 8TH FLOOR  
MIAMI, FL 33131

**FEI Number:** 92-0714141

**Certificate of Status Desired:** No

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

PEÑ±A, EMILIA  
2425 INAGUA AVE.  
MIAMI, FL 33133 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 SECK TUOH MORA, ZITA CRISTINA  
Address 1101 BRICKELL AVENUE, SOUTH TOWER, 8TH FL  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name RIOS MENDEZ, ANA PAMELA  
Address 1101 BRICKELL AVENUE, SOUTH TOWER, 8TH FL  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MARTIN DE NICOLAS, NICOLAS A  
Address 1101 BRICKELL AVENUE, SOUTH TOWER, 8TH FL  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LOPEZ MORAS, ALFONSO  
Address 1101 BRICKELL AVENUE, SOUTH TOWER, 8TH FL  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name PEÑ±A, EMILIA  
Address 1101 BRICKELL AVENUE, SOUTH TOWER, 8TH FL  
City-State-Zip: MIAMI FL 33131

*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:** PEÑ±A , EMILIA

**MGR**

**03/21/2023**

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

\_\_\_\_\_  
Date