

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000362071

**Entity Name:** YARLENE ECHEVARRIA VAZQUEZ ASSOCIATES, LLC

**Current Principal Place of Business:**

9920 SW 44TH AVE  
OCALA, FL 34476

**Current Mailing Address:**

9920 SW 44TH AVE  
OCALA, FL 34476 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ECHEVARRIA VAZQUEZ, YARLENE  
9920 SW 44TH AVE  
OCALA, FL 34476 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:** YARLENE ECHEVARRIA VAZQUEZ

01/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name YARLENE ECHEVARRIA VAZQUEZ  
Address 9920 SW 44TH AVE  
City-State-Zip: Ocala FL 34476

*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:** YARLENE ECHEVARRIA VAZQUEZ

AMBR

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date