

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000001775

**Entity Name:** HALF MOON EMPANADAS HOSPITALS LLC

**Current Principal Place of Business:**

5201 NE 5TH AVE  
MIAMI, FL 33137

**Current Mailing Address:**

5201 NE 5TH AVE  
MIAMI, FL 33137

**FEI Number:** 92-3168859

**Certificate of Status Desired:** No

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

GUZMAN, MARIA D PILAR  
5201 NE 5TH AVE  
MIAMI, FL 33137 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 CEO  
Name GUZMAN, MARIA D PILAR  
Address 5201 NE 5TH AVE  
City-State-Zip: MIAMI FL 33137

Title P  
Name ZAVALA, JUAN  
Address 5201 NE 5TH AVE  
City-State-Zip: MIAMI FL 33137

*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:** GUZMAN , MARIA D PILAR

CEO

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date