

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000057496

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**3201347033CC**

**Entity Name:** COMARCA MARKETING ADVERTISING LLC

**Current Principal Place of Business:**

1800 PEMBROOK DR  
SUITE 300, OFFICE 366  
ORLANDO, FL 32810

**Current Mailing Address:**

1800 PEMBROOK DR  
SUITE 300, OFFICE 366  
ORLANDO, FL 32810 US

**FEI Number:** 92-2393277

**Certificate of Status Desired:** No

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

CARDENAS MARQUEZ, CESAR AUGUSTO  
1800 PEMBROOK DR  
SUITE 300, OFFICE 366  
ORLANDO, FL 32810 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:** CESAR AUGUSTO CARDENAS MARQUEZ

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name COMARCA MARKETING  
ADVERTISING S.A.S  
Address CRA 17 # 150-44 OF 102  
City-State-Zip: BOGOTA DC 11013-1

Title AMBR  
Name ROSOFF CHAWEZ, DONNY A  
Address CALLE 163 # 76-61 C 34  
City-State-Zip: BOGOTA DC 11013-1

Title AMBR  
Name MURCIA QUEVEDO, JOSE E  
Address CRA 54 # 64 A 45 APT 202 B3  
City-State-Zip: BOGOTA DC 11122-1

Title AMBR  
Name CARDENAS MARQUEZ, CESAR  
AUGUSTO  
Address 1800 PEMBROOK DR  
SUITE 300, OFFICE 366  
City-State-Zip: ORLANDO FL 32810

*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:** JOSE EDUARDO MURCIA QUEVEDO

AMBR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date