

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000121613

**Entity Name:** SANTA MARTA PORT SAINT LUCIE LLC

**Current Principal Place of Business:**

3739 S 25 STREET  
FORT PIERCE, FL 34981

**Current Mailing Address:**

3739 S 25 STREET  
FORT PIERCE, FL 34981 US

**FEI Number:** 23-0001216

**Certificate of Status Desired:** No

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

FIGUEIRA, JAMES B  
3739 S 25 STREET  
FORT PIERCE, FL 34981 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 FIGUEIRA, JAMES B  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title MGR  
Name FIGUEIRA, RAFAEL  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title MBR  
Name RAFAEL FUGUEIRA REV TRUST  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title MBR  
Name JAMES BR RUBENFIGUEIRA  
LIVTRUST  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

*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:** RAFAEL FIGUEIRA

**MANAGING PARTNER**

**02/14/2024**

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

\_\_\_\_\_  
Date