

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000163657

**Entity Name:** MURIEL CARE & BEAUTY LLC

**Current Principal Place of Business:**

12280 SW 151ST ST APT 194  
MIAMI, FL 33186

**Current Mailing Address:**

12280 SW 151 STREET  
APT 194  
MIAMI, 33186 UN

**FEI Number:** 92-3592355

**Certificate of Status Desired:** No

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

MURIEL MONTOYA, PAOLA A  
12280 SW 151 STREET  
APT 194  
MIAMI, FL 33186 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	AMBR	Title	AMBR
Name	MURIEL MONTOYA, PAOLA A	Name	RUIZ URIBE, OSCAR M
Address	12280 SW 151ST ST APT 194	Address	12280 SW 151 STREET APT 194
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** PAOLA A MURIEL MONTOYA

**PRESIDENT**

**04/06/2024**

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

\_\_\_\_\_  
Date