

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000167995

**Entity Name:** CISALBA LLC

**Current Principal Place of Business:**

1140 CLIFFROSE STREET  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1140 CLIFFROSE STREET  
HOLLYWOOD, FL 33019 US

**FEI Number:** 38-4263539

**Certificate of Status Desired:** No

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

ACCOUNTANT & MANAGEMENT, INC.  
1549 NE 123RD STREET  
NORTH MIAMI, FL 33161 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  
Name            CISALE, SEBASTIAN D  
Address        1140 CLIFFROSE STREET  
City-State-Zip: HOLLYWOOD FL 33019

*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:** SEBASTIAN D CISALE

**OWNER**

**02/13/2024**

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

\_\_\_\_\_  
Date