

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000229124

**Entity Name:** SOUTH FL DUMP & TRANSP. LLC.

**Current Principal Place of Business:**

17601 SW 65TH CT  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

17601 SW 65TH CT  
SOUTHWEST RANCHES, FL 33331

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BAHAMON, JAIME A  
17601 SW 65TH CT  
SOUTHWEST RANCHES, FL 33331 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           | PRESIDENT                  | Title           | CFO                        |
| Name            | BAHAMON, JAIME A           | Name            | PANIZZA, NATALIA B         |
| Address         | 17601 SW 65TH CT           | Address         | 17601 SW 65TH CT           |
| City-State-Zip: | SOUTHWEST RANCHES FL 33331 | City-State-Zip: | SOUTHWEST RANCHES FL 33331 |

*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:** JAIME BAHAMON

**PRESIDENT**

**05/01/2024**

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

\_\_\_\_\_  
Date