

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000240312

**Entity Name:** HORACIO OLIVEIRA PA LLC

**Current Principal Place of Business:**

880 NE 69 ST  
# 5N  
MIAMI, FL 33138

**Current Mailing Address:**

880 NE 69 ST  
# 5N  
MIAMI, FL 33138

**FEI Number:** 93-1440529

**Certificate of Status Desired:** No

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

OLIVEIRA, HORACIO  
880 NE 69 ST  
# 5N  
MIAMI, FL 33138 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            OLIVEIRA, HORACIO  
Address        880 NE 69 ST # 5N  
City-State-Zip: MIAMI FL 33138

*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:** HORACIO OLIVEIRA

**MEMBER**

**02/09/2024**

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

\_\_\_\_\_  
Date