

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000299532

**Entity Name:** DOM LB 1 LLC

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD  
SUITE 1103  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
SUITE 1103  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CUEVAS, GARCIA & TORRES, P.A.  
4000 PONCE DE LEON BLVD  
SUITE 770  
CORAL GABLES, FL 33146 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 DOM HOMEBUILDERS, LLC  
Address 1600 PONCE DE LEON BLVD, SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name DELGADO, FERNANDO  
Address 1600 PONCE DE LEON BLVD, SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name DELGADO, NELSON  
Address 1600 PONCE DE LEON BLVD, SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name DELGADO, GABRIEL  
Address 1600 PONCE DE LEON BLVD SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

*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:** GABRIEL DELGADO

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date