

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000440298

**Entity Name:** CARLOS MEDINA LLC

**Current Principal Place of Business:**

10979 SW 69 TERRACE  
MIAMI, FL 33173

**Current Mailing Address:**

10979 SW 69 TERRACE  
MIAMI, FL 33173 US

**FEI Number:** 93-3579231

**Certificate of Status Desired:** No

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

MEDINA, CARLOS  
10979 SW 69 TERRACE  
MIAMI, FL 33173 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            MEDINA, CARLOS  
Address        10979 SW 69 TERRACE  
City-State-Zip: MIAMI FL 33173

*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:** CARLOS MEDINA

**PRESIDENT**

**03/27/2024**

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

\_\_\_\_\_  
Date