

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000485644

**Entity Name:** MISOFI LLC

**Current Principal Place of Business:**

4500 NW 107TH AVE  
APT106  
DORAL, FL 33178

**Current Mailing Address:**

4500 NW 107TH AVE  
APT106  
DORAL, FL 33178

**FEI Number:** 93-4050752

**Certificate of Status Desired:** Yes

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

ESTRADA DE CHACIN, MARIA G  
1613 SW 116TH AVE  
PEMBROKE PINES, FL 33025 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            CHAVEZ RIOS, LUIS  
Address        4500 NW 107TH AVE APT 106  
City-State-Zip: DORAL FL 33178

Title            MGR  
Name            MARIA GABRIELA ESTRADA DE  
                    CHACIN  
Address        1613 SW 116 AVE  
City-State-Zip: PEMBROKE PINES FL 33025

*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:** LUIS CHAVEZ RIOS

AMBR

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date