

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000509339

**Entity Name:** CHAMAKITO, LLC

**Current Principal Place of Business:**

5569 NW 200 STREET  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

5569 NW 200 STREET  
MIAMI GARDENS, FL 33055

**FEI Number:** 93-4395556

**Certificate of Status Desired:** No

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

EGIDO, ARMANDO J  
5569 NW 200 STREET  
MIAMI GARDENS, FL 33055 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 EGIDO, ARMANDO  
Address 5569 NW 200 STREET  
City-State-Zip: MIAMI GARDEN FL 33055

*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:** ARMANDO EGIDO

**OWNER**

**04/22/2025**

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

\_\_\_\_\_  
Date