

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000523127

Entity Name: CENTRO DE APOYO Y SERVICIO LLC

Current Principal Place of Business:

3225 SOUTHSIDE BLVD STE 5
JACKSONVILLE, FL 32216

Current Mailing Address:

3225 SOUTHSIDE BLVD STE 5
JACKSONVILLE, FL 32216

FEI Number: 93-4573429

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GONZALEZ, GABRIEL
3225 SOUTHSIDE BLVD STE 5
JACKSONVILLE, FL 32216 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 QUESADA CASTELLANOS, ZENaida
Address 7820 LORAIN ST
City-State-Zip: JACKSONVILLE FL 32208

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: ZENaida QUESADA CASTELLANOS

OWNER

04/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date