

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000378354

**Entity Name:** NOVU FUSION CUISINE, LLC

**Current Principal Place of Business:**

2475 NW 95TH AVE. UNIT 7  
DORAL, FL 33172

**Current Mailing Address:**

2475 NW 95TH AVE. UNIT 7  
DORAL, FL 33172 US

**FEI Number:** 99-4765447

**Certificate of Status Desired:** No

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

CARLOS ALBERTO PINTO MARQUEZ  
10620 NW 88TH ST. BLD 2 APT 214  
DORAL, FL 33178 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 CARLOS ALBERTO PINTO MARQUEZ  
Address 10620 NW 88TH ST. BLD 2 APT 214  
City-State-Zip: DORAL FL 33178

Title MGR  
Name LAURA CRISTINA AGUERO DORANTE  
Address 10620 NW 88TH ST. BLD 2 APT 214  
City-State-Zip: DORAL FL 33178

Title MGR  
Name CRISTIAN JAVIER CHAVEZ TORRES  
Address 1108 SHARED PASSION ST  
City-State-Zip: RUSKIN FL 33570

Title MGR  
Name LAISHA ORLIMAR HERRERA AGUERO  
Address 329 CAPE HARBOUR LOOP UNIT 106  
City-State-Zip: BRADENTON FL 34212

*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 A PINTO

MGR

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date