

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000474084

**Entity Name:** AAA FACILITY SOLUTIONS LLC

**Current Principal Place of Business:**

4275 NW 1ST AVE.  
BOCA RATON, FL 33431

**Current Mailing Address:**

4275 NW 1ST AVE.  
BOCA RATON, FL 33431 UN

**FEI Number:** 33-1900972

**Certificate of Status Desired:** Yes

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

CASTRO, OSCAR  
4275 NW 1ST AVE.  
BOCA RATON, FL 33431 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                                | Title           | AP                                 |
| Name            | CASTRO, OSCAR                      | Name            | SANCHEZ, ARMANDO                   |
| Address         | 3101 S OCEAN BLVD APT 610, APT 610 | Address         | 3101 S OCEAN BLVD APT 610, APT 610 |
| City-State-Zip: | HIGHLAND BEACH FL 33487            | City-State-Zip: | HIGHLAND BEACH FL 33487            |

*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:** OSCAR CASTRO

**PRESIDENT**

**05/27/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date