

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L96000000275

**Entity Name:** CENTRAL SANTA LUCIA, L.C.

**Current Principal Place of Business:**

1528 PALERMO AVENUE  
CORAL GABLES, FL 33134-6260

**Current Mailing Address:**

1528 PALERMO AVENUE  
CORAL GABLES, FL 33134-6260 US

**FEI Number:** 65-0849458

**Certificate of Status Desired:** No

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

GUTIERREZ, JR., NICOLAS J.  
1528 PALERMO AVENUE  
CORAL GABLES, FL 33134-6260 US

**FILED**  
**Apr 18, 2022**  
**Secretary of State**  
**5219095078CC**

*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:** NICOLAS J. GUTIERREZ, JR.

04/18/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PEDROSO, VICTOR M. JR.  
Address 1408 BRICKELL BAY DR.  
APT. 1407  
City-State-Zip: MIAMI FL 33131

Title MGR, CHAIRMAN  
Name ARGUELLES, FERNANDO J. JR.  
Address 4728 S.W. 67TH AVENUE  
APT. J-3  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name SANCHEZ, ALFREDO J.  
Address 112 BLOOMFIELD  
City-State-Zip: WEST PALM BEACH FL 33405

Title MGR  
Name FANJUL, CRISTINA  
Address 1161 NORTH LAKE WORTH  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name VIAMONTES, JOSÉ A.  
Address 1100 WEST WEATHERBEE ROAD  
City-State-Zip: FT. PIERCE FL 34982

Title S  
Name GUTIERREZ, NICOLAS J. JR.  
Address 1528 PALERMO AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name LATOUR, JORGE A.  
Address 2332 VERO BEACH AVENUE  
City-State-Zip: VERO BEACH FL 32960

Title MANAGER  
Name DÍAZ-CRUZ, MARGARET  
Address 400 EAST 89TH STREET  
SUITE #16K  
City-State-Zip: NEW YORK CITY NY 10128

**Continues on page 2**

*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:** NICOLAS J. GUTIERREZ, JR.

**SECRETARY**

04/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER

Name           SÁNCHEZ , RAFAEL L.

Address        8918 NORTHWEST 194TH TERRACE

City-State-Zip: MIAMI FL 33018