

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000000969

Entity Name: HR RATINGS, LLC**Current Principal Place of Business:**2990 PONCE DE LEON BLVD., STE. 401
CORAL GABLES, FL 33134**Current Mailing Address:**2990 PONCE DE LEON BLVD., STE. 401
CORAL GABLES, FL 33134 US**FEI Number:** 47-1027925**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	ALBERTO ISAAC RAMOS SUAREZ
Address	GUILLERMO GONZALEZ CAMARENA 1200, FLOOR 10
City-State-Zip:	CENTRO DE CIUDAD SANTA FE

Title	MBR
Name	ALBERTO ISAAC RAMOS SUAREZ
Address	GUILLERMO GONZALEZ CAMARENA 1200, FLOOR 10
City-State-Zip:	CENTRO DE CIUDAD SANTA FE

Title	AP
Name	ALBERTO ISAAC RAMOS SUAREZ
Address	GUILLERMO GONZALEZ CAMARENA 1200, FLOOR 10
City-State-Zip:	CENTRO DE CIUDAD SANTA FE

Title	MGR
Name	JOSE ANIBAL HABEICA VILLANUEVA
Address	GUILLERMO GONZALEZ CAMARENA 1200, FLOOR 10
City-State-Zip:	CENTRO DE CIUDAD SANTA FE

Title	MBR
Name	JOSE ANIBAL HABEICA VILLANUEVA
Address	GUILLERMO GONZALEZ CAMARENA 1200, FLOOR 10
City-State-Zip:	CENTRO DE CIUDAD SANTA FE

Title	AP
Name	JOSE ANIBAL HABEICA VILLANUEVA
Address	GUILLERMO GONZALEZ CAMARENA 1200, FLOOR 10
City-State-Zip:	CENTRO DE CIUDAD SANTA FE

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: RYAN DAVID ISRAEL**ATTORNEY****03/19/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date