

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000353074

**Entity Name:** TUFELI LLC

**Current Principal Place of Business:**

1623 RETREAT CIR.  
CLERMONT, FL 34714

**Current Mailing Address:**

1623 RETREAT CIR.  
CLERMONT, FL 34714 US

**FEI Number:** 87-2064555

**Certificate of Status Desired:** No

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

GUITIERREZ RAMOS, LILIANA STELLA  
1623 RETREAT CIR.  
CLERMONT, FL 34714 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 GUTIERREZ RAMOS, LILIANA STELLA  
Address 1623 RETREAT CIR.  
City-State-Zip: CLERMONT FL 34714

Title AMBR  
Name GUTIERREZ RAMOS, TULIO ADOLFO  
Address 1623 RETREAT CIR.  
City-State-Zip: CLERMONT FL 34714

Title AMBR  
Name GUTIERREZ RAMOS, FELIPE ANDRES  
Address 1623 RETREAT CIR.  
City-State-Zip: CLERMONT FL 34714

Title AMBR  
Name RAMOS, STELLA  
Address 1623 RETREAT CIR.  
City-State-Zip: CLERMONT FL 34714

*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:** LILIANA STELLA GUTIERREZ RAMOS

AMBR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date