

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000016730

**Entity Name:** SQUARE POINT MANAGEMENT LLC

**Current Principal Place of Business:**

4111 HARDIE AVE  
MIAMI, FL 33131

**Current Mailing Address:**

4011 W FLAGLER ST STE 501  
CORAL GABLES, FL 33134 US

**FEI Number: 87-4416787**

**Certificate of Status Desired: No**

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

ARAICA, ANA ISABEL  
4011 W. FLAGLER ST STE 501  
CORAL GABLES, FL 33134 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 LOCURCIO, RAFAEL  
Address 4111 HARDIE AVE  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name ZAMMAR, MARIA  
Address 4111 HARDIE AVE  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name LOCURIO, MARCELO  
Address 4111 HARDIE AVE  
City-State-Zip: MIAMI FL 33131

*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: LOCURCIO , RAFAEL**

**PRESIDENT**

**03/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date