

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000022907

**Entity Name:** M BARBOSA LLC

**Current Principal Place of Business:**

16385 BISCAYNE BLVD  
UNIT 819  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

16385 BISCAYNE BLVD  
UNIT 819  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 92-1942789

**Certificate of Status Desired:** No

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

AMI'S SOLUTIONS LLC  
1151 MIRANDA LANE  
KISSIMMEE, FL 34741 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:** ANA MARIA INFANTE GOMEZ

02/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                 |                 |                                 |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Title           | AMBR                            | Title           | AMBR                            |
| Name            | BARBOSA, JOSE M                 | Name            | CAMBRANIS , ANDREA              |
| Address         | 16385 BISCAYNE BLVD<br>UNIT 819 | Address         | 16385 BISCAYNE BLVD<br>UNIT 819 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33160      | City-State-Zip: | NORTH MIAMI BEACH FL 33160      |

*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:** BARBOSA , JOSE M

AMBR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date