## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000122433

Entity Name: BRUNFELSIA FORTY-SEVEN - LUX FUND VIII, LLC

**FILED** Apr 26, 2024 **Secretary of State** 8304962449CC

**Current Principal Place of Business:** 

2811 PONCE DE LEON BLVD., SUITE 840

CORAL GABLES. FL 33134

## **Current Mailing Address:**

2811 PONCE DE LEON BLVD., SUITE 840 CORAL GABLES. FL 33134 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name MARIA E. LAGOMASINO REVOCABLE Name MALDONADO, CESAR

TRUST OF 08 Address

2811 PONCE DE LEON BLVD., SUITE Address 2811 PONCE DE LEON BLVD., SUITE

840

840

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

Title **AMBR** Title **AMBR** 

Name SVEN HUBER REVOCABLE TRUST Name SANTIAGO ULLOA REVOCABLE

U/T/D 12/20/17 TRUST

Address 2811 PONCE DE LEON BLVD., SUITE Address 2811 PONCE DE LEON BLVD., SUITE 840

CORAL GABLES FL 33134 City-State-Zip: City-State-Zip: CORAL GABLES FL 33134

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.

04/26/2024 SIGNATURE: CESAR MALDONADO MEMBER