## LIMITED LIABILITY COMPANY ANNUAL REPORT

SOSID: 1523406
Date Filed: 10/18/2023
Elaine F. Marshall
North Carolina Secretary of State
CA2023 242 00224

Print or Type Title of Company Official

1/6/2022		CA CA
NAME OF LIMITED LIABILITY COMPANY:	Estrada & Sons, LLC	

SECRETARY OF STATE ID NUMBER: 1523	406 STATE	OF FORMATION: NC		Filing Office Use Only
REPORT FOR THE CALENDAR YEAR: 202	21, 2022, 2023		回故国	
SECTION A: REGISTERED AGENT'S INFORM	<u>MATION</u>			Changes
1. NAME OF REGISTERED AGENT: Sa	alvador Estrada , Jr			
2. SIGNATURE OF THE NEW REGISTER	ED AGENT:			
	SIG	BNATURE CONSTITUTES CONS	SENT TO THE APPO	TNAMTURE
3. REGISTERED AGENT OFFICE STREE	T ADDRESS & COUNTY	4. REGISTERED AGEN	IT OFFICE MAI	LING ADDRESS
600 Duncan Hill Rd		PO Box 2706		
Hendersonville, NC 28792 Henderson		Hendersonville, NC 28793 Henderson		
1. DESCRIPTION OF NATURE OF BUSIN 2. PRINCIPAL OFFICE PHONE NUMBER	ESS: Farming	3. PRINCIPAL OFFICE	E EMAIL:	
		o. I kilkoli AL ol I lol		
4. PRINCIPAL OFFICE STREET ADDRESS		5. PRINCIPAL OFFICE MAILING ADDRESS		
600 Duncan Hill Rd		PO Box 2706		
Hendersonville, NC 28792 Henderson		Hendersonville, NC 28793 Henderson		
6. Select one of the following if application of the following is a service-disconnected of the following if application of the following is a veteran-order of the following if application of the following is a veteran-order of the following is a service-disconnected of the following is	wned small business sabled veteran-owned	small business		
SECTION C: COMPANY OFFICIALS (Enter ad	ditional company officials	in Section E.)		
NAME: Salvador Estrada	NAME:		NAME:	
TITLE: Managing Member	TITLE:		TITLE:	
ADDRESS:	ADDRESS:		ADDRESS:	
PO Box 2706				
Hendersonville, NC 28793 Henderson	·			
SECTION D: CERTIFICATION OF ANNUAL	REPORT. Section D mu	st be completed in its ent	irety by a persoi	n/business entity.
Servin			10/17/2	23
SIGNATURE Form must be signed by a Company Official listed under	r Section C of This form.		/ DATE	
( Salvador Estrada		Managing Member		

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200 MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

Print or Type Name of Company Official