

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002127

Entity Name: ST. LUCIE INTERNATIONAL SERVICES, L.L.C.**Current Principal Place of Business:**7729 WEXFORD WAY
PORT ST. LUCIE, FL 34986**Current Mailing Address:**7729 WEXFORD WAY
PORT ST. LUCIE, FL 34986 US**FEI Number:** 65-1075537**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ABONDANO CAPELLA, JOAQUIN
7729 WEXFORD WAY
PORT ST. LUCIE, FL 34986 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	MGR
Name	ABONDANO, JOAQUIN P
Address	7729 WEXFORD WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	D
Name	ABONDANO, JOAQUIN
Address	7729 WEXFORD WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	D
Name	ABONDANO, MATEO
Address	7729 WEXFORD WAY
City-State-Zip:	PORT ST LUCIE FL 34986

Title	MGRM
Name	ABONDANO, JOAQUIN CMEMBER
Address	7729 WEXFORD WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	D
Name	ABONDANO, JOAQUIN
Address	7729 WEXFORD WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	D
Name	ABONDANO, SANTIAGO
Address	7729 WEXFORD WAY
City-State-Zip:	PORT ST LUCIE FL 34986

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: JOAQUIN PABLO ABONDANO

MGR

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date