Electronic Signature of Signing Authorized Person(s) Detail

### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021637

Entity Name: TELECOM SERVICES, LLC

## **Current Principal Place of Business:**

5201 BLUE LAGOON DRIVE 948A MIAMI, FL 33126

## **Current Mailing Address:**

5201 BLUE LAGOON DRIVE 948A MIAMI, FL 33126 US

# FEI Number: 20-4354358

### Name and Address of Current Registered Agent:

ALVAREZ, MARTIN A. 5201 BLUE LAGOON DRIVE 948A MIAMI, FL 33126 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: MARTIN A. ALVAREZ				03/03/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	DIR	Title	DIR	
Name	ALVAREZ, MARTIN AMR.	Name	ALVAREZ, MARTIN AMR.	
Address	5201 BLUE LAGOON DRIVE 948A	Address	5201 BLUE LAGOON DRIVE 948A	
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126	
Title	DIR	Title	DIR	
Name	ALVAREZ, MARTIN AMR.	Name	ALVAREZ, MARTIN AMR.	
Address	5201 BLUE LAGOON DRIVE 948A	Address	5201 BLUE LAGOON DRIVE 948A	
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126	
Title	DIR	Title	DIR	
Name	ALVAREZ, MARTIN AMR.	Name	ALVAREZ, MARTIN AMR.	
Address	5201 BLUE LAGOON DRIVE 948A	Address	5201 BLUE LAGOON DRIVE 948A	
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126	

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.

PRESIDENT

# SIGNATURE: MARTIN A. ALVAREZ

Certificate of Status Desired: No

FILED Mar 03, 2017 Secretary of State CC4310628510

> 03/03/2017 Date