: 75-3257941		Certificate of Status Desired: No
ddress of Current Registered Agent:		
AMIAN P STREET, 2ND FLOOR S, FL 33134 US		
l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.
: DAMIAN P. GONZALEZ		04/27/2021
Electronic Signature of Registered Agent		Date
Person(s) Detail :		
MGR	Title	MGR
IGLESIAS, VIVIANA I	Name	GONZALEZ, DAMIAN P
2332 GALIANO STREET, 2ND FLOOR	Address	2332 GALIANO STREET, 2ND FLOOR
CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
MANAGER		
GONZALEZ, NICOLAS ALEJANDRO SR.		
2332 GALIANO STREET, 2ND FLOOR		
CORAL GABLES FL 33134		
	Address of Current Registered Agent: MIAN P STREET, 2ND FLOOR S, FL 33134 US d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entity submits this statement for the purpose of changing its regis d entities the purpose of the purpose of changing its regis d entities the purpose of the purpo	Address of Current Registered Agent: MIAN P STREET, 2ND FLOOR S, FL 33134 US I entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered office or regis If entity submits this statement for the purpose of changing its registered Agent If entity submits this statement of Registered Agent If entity submits this statement for the purpose of changing its registered agent If entity submits this statement of Registered Agent If entity s

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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: DAMIAN PABLO GONZALEZ

MGM

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L07000108803

Entity Name: LATIN AMERICA IT L.L.C.

Current Principal Place of Business:

2332 GALIANO STREET, 2ND FLOOR CORAL GABLES, FL 33134

Current Mailing Address:

2332 GALIANO STREET, 2ND FLOOR CORAL GABLES. FL 33134 US

FEI Number: 75-3257941

Cartificate of Status Desired, No.

FILED Apr 27, 2021 Secretary of State 5996882867CC

Date