# 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.

COO

SIGNATURE: CARLOS L GARCIA

Electronic Signature of Signing Authorized Person(s) Detail

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L08000069206

Entity Name: CIRCSENSE PUBLISHING SOLUTIONS, LLC

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

16245 SW 81 TERRACE MIAMI, FL 33193

#### **Current Mailing Address:**

16245 SW 81 TERRACE MIAMI, FL 33193 US

### FEI Number: 26-3028791

## Name and Address of Current Registered Agent:

RUIZ, FRANCISCO J 16245 SW 81 TERRACE MIAMI, FL 33193 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:

Electro

#### Authorized Person(

Title	MGRM	Title	MGRM
Name	RUIZ, FRANCISCO J	Name	GARCIA, CARLOS L
Address	16245 SW 81 TERRACE	Address	731 NW 129 AVE
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33182

onic Signature of Registered Agent				
(s) Detail :				
Title	MGRM			
Name	GARCIA, CARLOS L			

FILED Jan 19, 2021 Secretary of State 6731338292CC

Certificate of Status Desired: No

Date

01/19/2021 Date