

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127252

**Entity Name:** NETWORKSHIP LLC.

**Current Principal Place of Business:**

1046 DIXON BLVD  
SUITE 104  
COCOA, FL 32922

**Current Mailing Address:**

1046 DIXON BLVD  
SUITE 104  
COCOA, FL 32922

**FEI Number:** 45-4814251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABESADA, PETER RESQ.  
3676 SW 2ND STREET  
MIAMI, FL 33135 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 MGRM  
Name ALARCON, JORGE ORLANDO  
Address TRANSVERSAL 6 NO. 27-10, OFICINA  
207  
City-State-Zip: EDIFICIO ANTARES BOGOTA D.C. XX

Title MGRM  
Name ALARCON, JOHAN EMERSON C  
Address CARRERA 14 NO. 98-34  
City-State-Zip: BOGOTA D.C. COLOMBIA OC

Title MGRM  
Name DIAZ, PEDRO CHIA  
Address CARRERA 14 NO 98-34  
City-State-Zip: BOGOTA

*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:** JORGE ORLANDO ALARCON

MGRM

03/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date