

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000014611

**Entity Name:** MVPS INTERNATIONAL, LLC

**Current Principal Place of Business:**

ONE WEST CAMINO REAL  
SUITE 205  
BOCA RATON, FL 33432

**Current Mailing Address:**

2901 CLINT MOORE ROAD  
PMB 117  
BOCA RATON, FL 33496 US

**FEI Number:** 46-2363496

**Certificate of Status Desired:** No

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

SHENKMAN, BENJAMIN P  
12012 S. SHORE BLVD.  
SUITE 107  
WELLINGTON, FL 33414 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 MALKIN-STUART, LAURA  
Address 2901 CLINT MOORE ROAD, PMB 117  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name PLOTNICOFF, JUAN C  
Address 2901 CLINT MOORE ROAD, PMB 117  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name VARGAS ANGULO, LUISA F  
Address CARRERA 2NDA @ 108-15, PMB 117  
City-State-Zip: BOQOTA, COLUMBIA

Title MGRM  
Name PLOTNICOFF LEAL, SERGIO  
Address CARRERA 2NDA @ 108-15, PMB 117  
City-State-Zip: BOQOTA, COLUMBIA

*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:** LAURA MALKIN-STUART

**MEMBER**

**04/06/2017**

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

\_\_\_\_\_  
Date