

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000047254

**Entity Name:** VISUAL ANSWERS LLC

**Current Principal Place of Business:**

5970 INDIAN CREEK DR  
# 504  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5970 INDIAN CREEK DR  
# 504  
MIAMI BEACH, FL 33140 US

**FEI Number:** 45-4979286

**Certificate of Status Desired:** No

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

HARRY, TAPIAS  
40 SW 13TH ST  
# 102  
MIAMI, FL 33130 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:** HARRY TAPIAS

01/21/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name VELEZ, GABRIEL ANDRES  
Address 5970 INDIAN CREEK DR  
# 504  
City-State-Zip: MIAMI BEACH FL 33140

*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:** GABRIEL ANDRES VELEZ QUINONES

MD

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date