

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000085944

Entity Name: FLYCOM LLC**Current Principal Place of Business:**5301 N FEDERAL HWY
SUITE 380 OFFICE 28
BOCA RATON, FL 33487**Current Mailing Address:**5301 N FEDERAL HWY
SUITE 380 OFFICE 28
BOCA RATON, FL 33487 US**FEI Number:** 37-1702931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AYUDA CENTER
8230 CORAL WAY
MIAMI, FL 33155 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:** ARIADNA OJEDA

01/21/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER, MANAGER,
TREASURER
Name SAN ANDRES, RAUL
Address 520 LOCK RD
27
City-State-Zip: DEERFIELD BEACH FL 33442

Title AUTHORIZED MEMBER, SECRETARY,
MANAGER
Name ARNOT, LYLE
Address 5301 N FEDERAL HWY
SUITE 380 OFFICE 28
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED MEMBER, VP
Name MOBILEPAY LLC
Address 8230 CORAL WAY
City-State-Zip: MIAMI FL 33155

Title AUTHORIZED MEMBER
Name ORTEGA, CARLOS E
Address PUNTA PACIFICA CALLE ISAAC
HANONO MISSRI
EDIFICIO MYSTIC POINT TORRE 200
DPTO 21-A
City-State-Zip: PANAMA

Title AUTHORIZED MEMBER
Name VENTURA CAPITAL MARKET
INVESTMENTS INC
Address CALLE 50, EDIFICIO CREDICORP
BANK
PISO 27, OFC. 2701
City-State-Zip: PANAMA

Title AUTHORIZED MEMBER
Name SANTOS, JOSEPH
Address 1244 S MILITARY TRAIL
APT. #723
City-State-Zip: DEERFIELD BEACH FL 33442

Title AUTHORIZED MEMBER
Name SALAME, FELIX SR.
Address AV LAS LOMAS 302 Y CALLE
PRIMERA
City-State-Zip: GUAYAQUIL GUAYAS

Title AUTHORIZED MEMBER
Name NUNEZ, GUSTAVO V SR.
Address CDLA PUERTO AZUL MZ C "3" VILLA 1
City-State-Zip: GUAYAQUIL GUAYAS

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: ORTEGA , CARLOS E

AMBR

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date