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: OSCAR MODESTO TORRES

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

9782 SW 133 TERRACE MIAMI, FL 33176

Current Mailing Address:

9782 SW 133 TERRACE MIAMI, FL 33176 US

FEI Number: 26-2206589

Name and Address of Current Registered Agent:

TORRES, OSCAR M 9782 SW 133 TERRACE MIAMI, FL 33176 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	TORRES, OSCAR M	Name	ABREU, SERGIO
Address	9782 SW 133 TERRACE	Address	11203 SW 134 LN
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same le	egal efi

MANAGER

e State of Florida

Date

Certificate of Status Desired: No

01/27/2020

FILED Jan 27, 2020 Secretary of State 8503156224CC

Date