

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000158673

**FILED  
Nov 09, 2020  
Secretary of State  
9571601930CC**

**Entity Name:** SERVICES OPERATOR LLC

**Current Principal Place of Business:**

1033 SW 144 AVE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1033 SW 144 AVE  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 90-0923639

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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:** ANTONIO GARCIA

11/09/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER MEMBER  
Name           VIEYRA, GERARDO  
Address        1033 SW 144 AVE  
City-State-Zip: PEMBROKE PINES FL 33027

Title           MANAGER  
Name           ZAMUDIO, ANAHI  
Address        1033 SW 144 AVE  
City-State-Zip: PEMBROKE PINES FL 33027

Title           MANAGER  
Name           VIEYRA, ANAHI  
Address        1033 SW 144 AVE  
City-State-Zip: PEMBROKE PINES FL 33027

Title           MANAGER  
Name           VIEYRA LARA, DIANA LAURA  
Address        1033 SW 144 AVE  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** GERARDO VIEYRA

MANAGER MEMBER

11/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date