

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111236

**Entity Name:** SALES OUTCOMES PARTNERS, LLC**Current Principal Place of Business:**2850 DOUGALS ROAD  
2ND FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**2850 DOUGALS ROAD  
2ND FLOOR  
CORAL GABLES, FL 33134 US**FEI Number:** 46-3413372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIMENES, AIRTON J  
2850 DOUGLAS ROAD  
2ND FLOOR  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	SALES OUTCOMES, INC/HERNAN VERA
Address	2850 DOUGLAS ROAD 2ND FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	MGRM
Name	GIMENES ENTERPRISES INC/ AIRTON GIMENES.
Address	4527 SAN AMARO DRIVE
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	ML ENTERPRISES WESTON, LLC/MARCOS LOUREIRO
Address	600 NE 27TH STREET LPH 4
City-State-Zip:	MIAMI FL 33137

*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:** HERNAN VERA**MANAGING PARTNER****01/13/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date