

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000156400

**Entity Name:** VAFRANKFURT, LLC

**Current Principal Place of Business:**

19443 40 COURT  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

C/O IWPS  
P.O. BOX 830726  
MIAMI, FL 33283 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

C.A. CORPORATE SERVICES, INC.  
7101 SW 112 PLACE  
MIAMI, FL 33173 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 AR  
Name INTERNATIONAL WEALTH PLANNING SOLUTIONSLLC  
Address C/O IWPS  
P.O. BOX 830726  
City-State-Zip: MIAMI FL 33283

Title MANAGER  
Name IHNS, RUDOLPH  
Address 19443 40 COURT  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER  
Name DE OLIVEIRA BELLO P., VALERIA  
Address 19443 40 COURT  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** OCTAVIO MESTRE

**DIRECTOR OF AR**

**05/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date