

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000161294

Entity Name: TELECONO MULTI-SERVICES LLC**Current Principal Place of Business:**388 B SE 2ND AVE
DELRAY BEACH, FL 33483**Current Mailing Address:**388 B SE 2ND AVE
DELRAY BEACH, FL 33483**FEI Number:** 47-2102899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST NELUS, LAVOIX
388 A SE 2ND AVE
DELRAY BEACH, FL 33483 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:** ST NELUS LAVOIX

04/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name ST NELUS, LAVOIX
Address 910 S SWINTON AVE
City-State-Zip: DELRAY BEACH FL 33444

Title VP
Name CARJUSTE, MARIE MILDRED
Address 528 NW 47TH AVENUE
City-State-Zip: DELRAY BEACH FL 33445

Title ADVISER
Name ST NELUS, REYNALDO
Address 910 S SWINTON AVE
City-State-Zip: DELRAY BEACH FL 33444

Title ADVISER
Name ESTIME, ESPERANTA
Address 405 SE 3RD ST
City-State-Zip: DELRAY BEACH FL 33483

Title MANAGER
Name CAJUSTE, PATRICK N CHAIRMAN
Address 388 B SE 2ND AVE
City-State-Zip: DELRAY BEACH FL 33483

Title CHAIRMAN
Name PATRICK , CAJUSTE N
Address 388 B SE 2ND AVE
City-State-Zip: DELRAY BEACH FL 33483

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: LAVOIX ST NELUS

PRESIDENT

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date