

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000158020

**Entity Name:** EDUEXPLORA INTERNATIONAL LLC

**Current Principal Place of Business:**

121 CRANDON BLVD  
APT 255  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

121 CRANDON BLVD  
APT 255  
KEY BISCAYNE, FL 33149

**FEI Number:** 61-1771449

**Certificate of Status Desired:** No

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

RAPAPORT ZIMERMANN, ARIE J  
121 CRANDON BLVD  
APT 255  
KEY BISCAYNE, FL 33149 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 MGR  
Name RAPAPORT ZIMERMANN, ARIE J  
Address 121 CRANDON BLVD,APT 255  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name TAWRYCKY, DANIEL L  
Address AV. TOBALABA 591, APT 73  
City-State-Zip: PROVIDENCIA, SANTIAGO AL 75000

Title AMBR  
Name VELASQUEZ, ALVARO R  
Address CAMINO DEL SOL 3596, CASA 17  
City-State-Zip: LO BARNECHEA, SANTIAGO AL 76900

*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:** ARIE J RAPAPORT ZIMERMANN

**MGR**

**02/09/2018**

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

\_\_\_\_\_  
Date