

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000180485

**Entity Name:** VENESERVICES EXPRESS, L.L.C.

**Current Principal Place of Business:**

2749 HERON'S LANDIN DR  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2749 HERON'S LANDIN DR  
KISSIMMEE, FL 34741 US

**FEI Number:** 47-5459525

**Certificate of Status Desired:** Yes

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

JARAMILLO, HECTOR A  
2749 HERON'S LANDIN DR  
APT 1010  
KISSIMMEE, FL 34741 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	Title	AMBR
Name	JARAMILLO, HECTOR A	Name	QUINONES, MARY S
Address	2749 HERON'S LANDING DR	Address	2749 HERON'S LANDIN DR
City-State-Zip:	KISSIMMEE FL 34741-2783	City-State-Zip:	KISSIMMEE FL 34741

*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:** HECTOR JARAMILLO

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date