

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000181513

**Entity Name:** AATS PARRA TRAVEL, LLC

**Current Principal Place of Business:**

1275 WEST 47TH PLACE  
SUITE 105  
HIALEAH, FL 33012

**Current Mailing Address:**

1275 WEST 47TH PLACE  
SUITE 105  
HIALEAH, FL 33012

**FEI Number:** 47-5426204

**Certificate of Status Desired:** No

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

PARRA, MARIO JAIME  
1275 WEST 47TH PLACE  
SUITE 105  
HIALEAH, FL 33012 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:** MARIO JAIME PARRA

04/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PARRA, MARIO JAIME  
Address 1275 WEST 47TH PLACE  
SUITE 105  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name PARRA, ODALYS  
Address 1275 WEST 47TH PLACE  
SUITE 105  
City-State-Zip: HIALEAH FL 33012

Title MANAGER  
Name AATS PARRA CORP  
Address 1275 WEST 47TH PLACE  
SUITE 105  
City-State-Zip: HIALEAH FL 33012

Title MANAGER  
Name AATS PARRA SALES & TRAINING  
CORP  
Address 1275 WEST 47TH PLACE  
SUITE 105  
City-State-Zip: HIALEAH FL 33012

*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:** ODALYS PARRA

MEMBER

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date