

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000029685

**Entity Name:** ECUADVANCE, LLC**Current Principal Place of Business:**2900 WEST 2ND AVE  
HIALEAH, FL 33012**Current Mailing Address:**2900 WEST 2ND AVE  
HIALEAH, FL 33012 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLACIS, MANUEL  
2900 WEST 2ND AVE  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title AMBR  
Name VILLACIS, MANUEL  
Address 2900 WEST 2ND AVE  
City-State-Zip: HIALEAH FL 33012

Title AMBR  
Name VILLACIS SARASTI, JUAN PABLO  
Address 2900 WEST 2ND AVE  
City-State-Zip: HIALEAH FL 33012

Title AMBR  
Name VILLACIS SARASTI, DIEGO IVAN  
Address 2900 WEST 2ND AVE  
City-State-Zip: HIALEAH FL 33012

Title AMBR  
Name VILLACIS SARASTI, ANDRES S  
Address 2900 WEST 2ND AVE  
City-State-Zip: HIALEAH FL 33012

Title AMBR  
Name MONCAYO, JAIME  
Address 2900 WEST 2ND AVE  
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: MONCAYO, JAIME****MANAGER****04/24/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date