

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000213548

Entity Name: VIRTUAL DISPATCH TRAVELERS L.L.C.

Current Principal Place of Business:

4361 NORTHWEST 109 TERRACE
SUNRISE, FL 33352

Current Mailing Address:

4361 NORTHWEST 109 TERRACE
SUNRISE, FL 33352 US

FEI Number: 81-4652776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC.
2691 E OAKLAND PARK BLVD
SUITE 302
FORT LAUDERDALE, FL 33306 US

FILED
Apr 29, 2019
Secretary of State
1207786579CC

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: YVETTE RASHID

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GARCIA, GERALDO
Address 4361 NORTHWEST 109 TERRACE
City-State-Zip: SUNRISE FL 33352

Title AMBR
Name ESTEVEZ, DOLORES
Address 2101 CRESTON AVE APT #5-H
City-State-Zip: BRONX NY 10453

Title AMBR
Name SMITH, SILVELIN
Address CALLE LAS BRISAS #1 BRIASAS DE BAVARO
City-State-Zip: PUNTA CANA, REPUBLICA DOMIN AL

Title AMBR
Name MARIA RODRIGUEZ, JUAN JOSE
Address CALLE LAS BRISAS #1 BRIASAS DE BAVARO
City-State-Zip: PUNTA CANA, REPUBLICA DOMIN AL

Title MANAGER
Name MUNIZ, ERIK ASA
Address 4361 NORTHWEST 109 TERRACE
City-State-Zip: SUNRISE FL 33352

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: GARCIA , GERALDO

MANAGER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date