

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000041685

Entity Name: DORITA VERA, LLC**Current Principal Place of Business:**8900 NW 107 COURT STE 205
DORAL, FL 33178**Current Mailing Address:**8900 NW 107 COURT STE 205
DORAL, FL 33178 US**FEI Number:** 82-0661185**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VERA, DORA
8900 NW 107 COURT STE 205
DORAL, FL 33178 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 | PRESIDENT |
| Name | VERA, DORA |
| Address | 8900 NW 107 COURT STE 205 |
| City-State-Zip: | DORAL FL 33178 |

| | |
|-----------------|---------------------------|
| Title | VP |
| Name | JARAMILLO-VERA, DANIEL A |
| Address | 8900 NW 107 COURT STE 205 |
| City-State-Zip: | DORAL FL 33178 |

| | |
|-----------------|---------------------------|
| Title | SECRETARY |
| Name | JARAMILLO-VERA, EDUARDO J |
| Address | 8900 NW 107 COURT STE 205 |
| City-State-Zip: | DORAL FL 33178 |

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: DORA M VERA

PRESIDENT

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date