2020 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

Name and Address of Current Registered Agent:

VERA, DORA 8900 NW 107 COURT STE 205 DORAL, FL 33178 US

FILED Apr 13, 2020 Secretary of State 0989309263CC

Certificate of Status Desired: No

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
Person(s) Detail :			
PRESIDENT	Title	VP	
VERA, DORA	Name	JARAMILLO-VERA, DANIEL A	
8900 NW 107 COURT STE 205	Address	8900 NW 107 COURT STE 205	
DORAL FL 33178	City-State-Zip:	DORAL FL 33178	
SECRETARY			
JARAMILLO-VERA, EDUARDO J			
8900 NW 107 COURT STE 205			
DORAL FL 33178			
	Person(s) Detail : PRESIDENT VERA, DORA 8900 NW 107 COURT STE 205 DORAL FL 33178 SECRETARY JARAMILLO-VERA, EDUARDO J 8900 NW 107 COURT STE 205	Person(s) Detail :PRESIDENTTitleVERA, DORAName8900 NW 107 COURT STE 205AddressDORAL FL 33178City-State-Zip:SECRETARYJARAMILLO-VERA, EDUARDO J8900 NW 107 COURT STE 205	Person(s) Detail :PRESIDENTTitleVPVERA, DORANameJARAMILLO-VERA, DANIEL A8900 NW 107 COURT STE 205Address8900 NW 107 COURT STE 205DORAL FL 33178City-State-Zip:DORAL FL 33178SECRETARYJARAMILLO-VERA, EDUARDO J8900 NW 107 COURT STE 205

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 VERA

PRESIDENT

04/13/2020

Electronic Signature of Signing Authorized Person(s) Detail