**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105425

**Entity Name:** AROMAQUEST SYSTEMS, LLC

**FILED**
**Apr 02, 2021**
**Secretary of State**
**2293453029CC**

**Current Principal Place of Business:**

APARTADO 0819-03238
PANAMA, 03238

**Current Mailing Address:**

APARTADO 0819-03238
PANAMA, 03238 PA

**FEI Number: 37-1860086**

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: KRISTA BALGEMAN, ASSISTANT SECRETARY FOR BUSINESS FILINGS INCORPORATED 04/02/2021

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MBR | Title | MBR |
| Name | DE SEDAS SOLIS, JUAN CARLOS | Name | DE SEDAS YEAZA, JUAN CARLOS |
| Address | APARTADO 0819-03238 | Address | APARTADO 0819-03238 |
| City-State-Zip: | PANAMA 03238 | City-State-Zip: | PANAMA 03238 |

| | |
|---|---|
| Title | MBR |
| Name | ATENCIO DE SEDAS, JAVIER EDUARDO |
| Address | APARTADO 0819-03238 |
| City-State-Zip: | PANAMA 03238 |

*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: DE SEDAS SOLIS , JUAN CARLOS MBR 04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date