

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000191382

**Entity Name:** UNITED STATES IMMIGRATION ASSISTANCE LLC

**Current Principal Place of Business:**

1155 SOUTH SEMORAN BLVD  
SUITE 1143  
WINTER PARK, FL 32792

**Current Mailing Address:**

1155 SOUTH SEMORAN BLVD  
SUITE 1143  
WINTER PARK, FL 32792 US

**FEI Number:** 83-1144297

**Certificate of Status Desired:** No

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

BENITES, ENRIQUE F  
2510 NW 159 STREET  
MIAMI, FL 33054 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           | P                  | Title           | VP               |
| Name            | BENITES, ENRIQUE F | Name            | LUGO, AUREA A    |
| Address         | 2510 NW 159 STREET | Address         | 4528 SW 162 TERR |
| City-State-Zip: | MIAMI FL 33054     | City-State-Zip: | OCALA FL 34481   |

*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:** ENRIQUE BENITES

**PRESIDENT**

**03/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date