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: MARIA BOLANOS

ADMINISTRATION DIRECTOR

05/12/2020

Date

Date

May 12, 2020 Secretary of State 9775918239CC

FILED

Certificate of Status Desired: No

Current Principal Place of Business: 100 SE 2ND STREET SUITE 2000 MIAMI, FL 33131

Current Mailing Address:

100 SE 2ND STREET SUITE 2000 MIAMI, FL 33131 US

FEI Number: 61-1901676

Name and Address of Current Registered Agent:

HAVRE, BILL SR. 3030 N. ROCKY POINT DR. STE 150 A TAMPA, FL 33607 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	BOLANOS, MARIA MRS.	Name	ESTRADA, ARNALDO MR.
Address	URBANIZACION MAGISTERIAL 3RA ETAPA A20	Address	CAYALTÃ- 135
		City-State-Zip:	LIMA PE L-33
City-State-Zip:	AREQUIPA PE 04000		

DOCUMENT# L18000210721

Entity Name: PROTEMAX SYSTEMS LLC