

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000246851

**Entity Name:** C.T.U. INTERNATIONAL SERVICES, L.L.C.

**Current Principal Place of Business:**

4430 SW 83RD AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

1825 PONCE DE LEON BOULEVARD C/O SOSA  
500  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-2301156

**Certificate of Status Desired:** No

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

SOSA, JOAQUIN A J.D.  
1825 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134 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	MGR	Title	MGR
Name	BLASS, ANDREAS R	Name	RUEFENACHT, RETO D
Address	4430 SW 83RD AVENUE	Address	4430 SW 83RD AVENUE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
Title	AR		
Name	JAS.LAW, LLC		
Address	1825 PONCE DE LEON BLVD., STE 500		
City-State-Zip:	CORAL GABLES FL 33134		

*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:** JOAQUIN A. SOSA, JD

**REGISTERED AGENT**

**01/03/2019**

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

\_\_\_\_\_  
Date