

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000267431

**FILED**  
**May 10, 2019**  
**Secretary of State**  
**1227304438CC**

**Entity Name:** ARBOREO SENSORIAL COSTA RICA LLC

**Current Principal Place of Business:**

7345 W SAND LAKE RD SUITE 209  
ORLANDO, FL 32819

**Current Mailing Address:**

7345 W SAND LAKE RD SUITE 209  
ORLANDO, FL 32819

**FEI Number:** 83-2589495

**Certificate of Status Desired:** No

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

JIMENEZ BERROCAL, CARLOS E  
8258 BURGOS CT  
ORLANDO, FL 32836 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 AMBR  
Name JIMENEZ BERROCAL, CARLOS E  
Address 8258 BURGOS CT  
City-State-Zip: ORLANDO FL 32836

Title AMBR  
Name ROJAS CALDERON, ILIANA  
Address 7345 W SAND LAKE RD SUITE 209  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name MORALES TELLES, CYNTHIA J  
Address 7345 W SAND LAKE RD SUITE 209  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name MORALES TELLES, YORLENE  
Address 7345 W SAND LAKE RD SUITE 209  
City-State-Zip: ORLANDO FL 32819

*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:** CARLOS E JIMENEZ BERROCAL

AMBR

05/10/2019

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

\_\_\_\_\_  
Date