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: GABRIEL E CHACON AREVALO

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 83-4060949

Name and Address of Current Registered Agent:

CHACON AREVALO, GABRIEL E 230 NW 87 AVE APT #14 MIAMI, FL 33172 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

Authorized Person(s) Detail :

Title	MGRM	Title	AMBR
Name	CHACON AREVALO, GABRIEL E	Name	CHACON GRAU, JORGE E
Address	230 NW 87 AVE APT I114	Address	230 NW 87 AVE APT 1114
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

MGRM

06/23/2020

FILED Jun 23, 2020 Secretary of State 5457035524CC

Certificate of Status Desired: No

Date

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000034427

Entity Name: COSECO CORPORACION SECURITY CONSULTING LLC

Current Principal Place of Business:

230 NW 87 AVE APT 1114 MIAMI. FL 33172

Current Mailing Address: 230 NW 87 AVE APT 114 MIAMI. FL 33172 US