

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000166468

Entity Name: BEYOND IT & BUSINESS, LLC**Current Principal Place of Business:**9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024**Current Mailing Address:**9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024 US**FEI Number:** 61-1936059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RCG ACCOUNTING & ASSOCIATES INC.
9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024 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 :**

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|-----------------|--|
| Title | AMBR |
| Name | BEYOND MOBILE APPLICATIONS SA DE CV |
| Address | CALLE BACALAR # 24-C SM 45 MANZ. 10 LTE 24 |
| City-State-Zip: | CANCUN QR 77500 |

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|-----------------|--|
| Title | MGR |
| Name | VERA ESPITIA, ALBERTO |
| Address | CALLE BACALAR # 24-C SM 45 MANZ. 10 LTE 24 |
| City-State-Zip: | CANCUN QR 77500 |

| | |
|-----------------|--|
| Title | AMBR |
| Name | BITUBI CONSULTING SA DE CV |
| Address | AV BONAMPAK MZA 27 LTE 102 EDF DIOMEDA 609 |
| City-State-Zip: | PUERTO CANCUN QR 77500 |

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|-----------------|--|
| Title | MGR |
| Name | ZUNIGA DE LA CERDA, MAURICIO |
| Address | AV BONAMPAK MZA 27 LTE 102 EDF DIOMEDA 609 |
| City-State-Zip: | PUERTO CANCUN QR 77500 |

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: MAURICIO VERA ESPITIA

MGR

05/08/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date