

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000187808

**Entity Name:** VESTIGE SCHOOL PROTECTION, LLC

**Current Principal Place of Business:**

6320 NW 97 AVENUE  
SUITE #4  
DORAL, FL 33178

**FILED**  
**Jan 06, 2022**  
**Secretary of State**  
**4921506465CC**

**Current Mailing Address:**

6320 NW 97 AVENUE  
SUITE #4  
DORAL, FL 33178 US

**FEI Number: 84-2462392**

**Certificate of Status Desired: No**

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

MARTINS, ANDRE  
6320 NW 97 AVENUE  
SUITE #4  
DORAL, FL 33178 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 MBR  
Name QUEIROZ, ERNESTO  
Address 6320 NW 97 AVENUE, SUITE #4  
City-State-Zip: DORAL FL 33178

Title MBR  
Name TORRES, ADALBERTO  
Address 6320 NW 97 AVENUE, SUITE #4  
City-State-Zip: DORAL FL 33178

Title MGR  
Name MARTINS, ANDRE  
Address 6320 NW 97 AVENUE, SUITE #4  
City-State-Zip: DORAL FL 33178

*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: ANDRE MARTINS**

**MGR**

**01/06/2022**

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

\_\_\_\_\_  
Date