

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000252046

**Entity Name:** VIAJAUSA LLC

**Current Principal Place of Business:**

8855 VILLA VIEW CIR  
205  
ORLANDO, FL 32821

**Current Mailing Address:**

8855 VILLA VIEW CIR  
205  
ORLANDO, FL 32821 US

**FEI Number:** 84-3422489

**Certificate of Status Desired:** Yes

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

ISABEL SHARMA, MARIA L  
8855 VILLA VIEW CIR APT 205  
ORLANDO, FL 32821 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           | MGRM                        | Title           | MANAGER                    |
| Name            | JIMENEZ, CLAUDIA P          | Name            | SHARMA , MARIA ISABEL      |
| Address         | 8855 VILLA VIEW CIR APT 205 | Address         | 8855 VILLA VIEW CIR<br>205 |
| City-State-Zip: | ORLANDO FL 32821            | City-State-Zip: | ORLANDO FL 32821           |

*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:** MARIA ISABEL SHARMA

**MGR**

**04/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date