

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 05, 2021
Secretary of State
6297998848CC

Entity Name: TECH SERVICES INTERNATIONAL, LLC

Current Principal Place of Business:

STREET LA REFORMA 114, PLAZA SAN BENITO,
OFFICE 1-1
SAN SALVADOR REPUBLIC OF EL,

Current Mailing Address:

DORAL - MIAMI 7950 NW 53RD STREET MIAMI, FLORIDA 33166
7950
MIAMI, FL 33166 US

FEI Number: 84-3524337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MGR
Name ROMERO MEMBRENO, DARWIN ISAAC
Address STREET LA REFORMA 114, PLAZA SAN BENITO, OFFICE1-1
City-State-Zip: SAN SALVADOR REPUBLIC OF EL

Title MGR
Name GIAMMATTEI LARIOS, JOSE LUIS
Address STREET LA REFORMA 114, PLAZA SAN BENITO, OFFICE 1-1
City-State-Zip: SAN SALVADOR REPUBLIC OF EL

Title MGR
Name KENYON, SCOTT THATCHER
Address STREET LA REFORMA 114, PLAZA SAN BENITO, OFFICE 1-1
City-State-Zip: SAN SALVADOR REPUBLIC OF EL

Title MGR
Name PRADO, JAVIER
Address STREET LA REFORMA 114, PLAZA SAN BENITO, OFFICE 1-1
City-State-Zip: SAN SALVADOR REPUBLIC OF EL

Title MGR
Name SAMOUR, OSCAR
Address STREET LA REFORMA 114, PLAZA SAN BENITO, OFFICE 1-1
City-State-Zip: SAN SALVADOR REPUBLIC OF EL

Title MGR
Name KRIETE SOL, FERNANDO
Address STREET LA REFORMA 114, PLAZA SAN BENITO, OFFICE 1-1
City-State-Zip: SAN SALVADOR REPUBLIC OF EL

Title MBR
Name APP SOLUTIONS INTERNATIONAL INC
Address MMG TOWER, 23RD FLOOR, AVE. PASEO DEL MAR, COSTA DEL ESTE
City-State-Zip: PANAMA CITY

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: OSCAR SAMOUR SANTILLANA

MANAGER

04/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date