

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000022308

**FILED**  
**May 01, 2022**  
**Secretary of State**  
**5017003944CC**

**Entity Name:** SERVITRUCK INTERNATIONAL TRADING, LLC

**Current Principal Place of Business:**

12603 LAKE SQUARE CIR 317  
APPT 3-317  
ORLANDO, FL 32821

**Current Mailing Address:**

12603 LAKE SQUARE CIR 317  
APPT 3-317  
ORLANDO, FL 32821 US

**FEI Number:** 35-2703574

**Certificate of Status Desired:** No

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

COMPANY COMBO, LLC  
7345 W SAND LAKE RD  
STE 210  
ORLANDO, FL 32819 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 AMBR  
Name ROJAS GONZALEZ, JEISSON J  
Address CALLE 13 NO 25 -68 TORRE 2, APT 201  
City-State-Zip: GIRON ST 68754-1

Title AMBR  
Name SALCEDO MONSALVE, WILSON  
Address CALLE 20 # 32A - 59 APT 401  
City-State-Zip: BUCARAMANGA 68001-1

Title AMBR  
Name MARTINEZ AVILA, EILEEN J  
Address CALLE 17 NO 15 -23  
City-State-Zip: BUCARAMANGA ST 68001-1

Title AMBR  
Name ORTIZ RODRIGUEZ, LUIS M  
Address BALCON DEL TEJAR, PORTERIA 6, CASA 10A  
City-State-Zip: BUCARAMANGA ST 68001-1

Title AMBR  
Name RIVERA ABRIL, SEGUNDO E  
Address C 12 #200-105 CONDO MEDITERRANE - P V2-201  
City-State-Zip: FLORIDABLANCA ST 68100-3

*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:** ROJAS GONZALEZ , JEISSON J

AMBR

05/01/2022

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

\_\_\_\_\_  
Date