

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000213229

Entity Name: ACUCOM LLC**Current Principal Place of Business:**2600 SOUTH DOUGLAS ROAD
SUITE 913
CORAL GABLES, FL 33134**Current Mailing Address:**2600 SOUTH DOUGLAS ROAD
SUITE 913
CORAL GABLES, FL 33134 US**FEI Number:** 87-0919691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERNATIONAL CORPORATE SERVICE, INC.
2600 SOUTH DOUGLAS ROAD
SUITE 913
CORAL GABLES, FL 33134 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	CARMONA ORTIZ, PEDRO M
Address	2600 SOUTH DOUGLAS ROAD, SUITE 913
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	CARMONA TORRES, PEDRO M
Address	2600 SOUTH DOUGLAS ROAD, SUITE 913
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	CARMONA TORRES, DIEGO
Address	2600 SOUTH DOUGLAS ROAD, SUITE 913
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MARTINEZ ACEBES, ENRIQUE
Address	2600 SOUTH DOUGLAS ROAD, SUITE 913
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	INTERNATIONAL ADVISORS SERVICE, LLC
Address	2600 SOUTH DOUGLAS ROAD, SUITE 913
City-State-Zip:	CORAL GABLES FL 33134

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: CARMONA ORTIZ , PEDRO M

MGR

03/24/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date