## Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

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:

### orized Person(s) Detail ·

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	VILLAMIZAR, ALFREDO O SR.	Name	MALPICA, HILDA D
Address	7785 W 29TH WAY, 202	Address	7785 W 29TH WAY, 202
City-State-Zip:	HIALEAH FL 33018	City-State-Zip:	HIALEAH FL 33018

# DOCUMENT# L21000364374

Entity Name: VILLAMALPICA CONSULTING & SERVICES LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**Current Principal Place of Business:** 

7785 W 29TH WAY 202 HIALEAH, FL 33018

#### **Current Mailing Address:**

7785 W 29TH WAY 202 HIALEAH, FL 33018

#### FEI Number: 87-2167949

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

VILLAMIZAR, ALFREDO O SR 7785 W 29TH WAY 202 HIALEAH, FL 33018 US

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: ALFREDO VILLAMIZAR

**ALFREDOVILLAMIZAR** 

Date

FILED Apr 29, 2022 Secretary of State 4127511198CC

Certificate of Status Desired: Yes

04/29/2022 Date