## 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: YOUDELINE GUILLAUME

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: HAITI CONNECTION PLUS SERVICE CENTER, LLC **Current Principal Place of Business:** 

5769 W.MCNAB ROAD NORTH LAUDERDALE, FL 33068

# **Current Mailing Address:**

5769 W.MCNAB ROAD NORTH LAUDERDALE. FL 33068 US

# **FEI Number: APPLIED FOR**

# Name and Address of Current Registered Agent:

GUILLAUME, YOUDELINE 5769 W.MCNAB ROAD NORTH LAUDERDALE, FL 33068 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

## Authorized Person(s) Detail :

Title	PRESIDENT	Title	MANAGER
Name	GUILLAUME, YOUDELINE	Name	STELIS , GUENEL
Address	5769 W.MCNAB ROAD	Address	5769 W.MCNAB ROAD
City-State-Zip:	NORTH LAUDERDALE FL 33068	City-State-Zip:	NORTH LAUDERDALE FL 33068

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L23000185297

# Certificate of Status Desired: No

PRESIDENT

02/23/2024

# FILED Feb 23, 2024 Secretary of State 5903171992CC

Date

Date