

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092239

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** HOSPITALITY TRAINING & TRANSLATIONS SERVICES, LLC

**Current Principal Place of Business:**

1400 SALZEDO STREET  
SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1400 SALZEDO STREET  
SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 22-3943503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANCHEZ, ROSEMARY  
1400 SALZEDO ST  
SUITE 301  
CORAL GABLES, FL 33134 US

**Name and Address of New 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SANCHEZ, ROSEMARY  
**Address:** 1400 SALZEDO STREET, SUITE #301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** T  
**Name:** FAMADAS, NELSON E  
**Address:** 1400 SALZEDO STREET, SUITE #301  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROSEMARY SANCHEZ

MGR

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date