

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124249

**Entity Name:** HISPANOAMERICA MULTISERVICES LLC

**Current Principal Place of Business:**

1423 S. COLLINS STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

PO BOX 3272  
ZEPHYRHILLS, FL 33539

**FEI Number:** 26-1546040

**Certificate of Status Desired:** No

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

VELASQUEZ, ALEX  
17914 SAINT CROIX ISLE DR  
TAMPA, FL 33647 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 MGRM  
Name VELASQUEZ, ALEX  
Address 33647 SAINT CROIX ISLE DR  
City-State-Zip: TAMPA FL 33647

*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:** ALEX VELASQUEZ

**MANAGER**

**02/18/2014**

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

\_\_\_\_\_  
Date