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: LUIS A. CARDENAS

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: LUIS A. CARDENAS Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGR	Title	MANAGER	
Name	CARDENAS, LUIS A.	Name	CARDENAS, ALEIDA	
Address	7135 N. ARMENIA AVE.	Address	7135 N. ARMENIA AVE.	
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604	

# DOCUMENT# L09000108281

Entity Name: EL PARLANTE LATINO LLC.

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

7135 N. ARMENIA AVE. TAMPA, FL 33604

### **Current Mailing Address:**

7135 N. ARMENIA AVE. TAMPA, FL 33604 US

## FEI Number: 27-1289161

# Name and Address of Current Registered Agent:

CARDENAS, LUIS A 7135 N. ARMENIA AVE. TAMPA, FL 33604 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. 02/11/2019

Certificate of Status Desired: Yes

FILED Feb 11, 2019 Secretary of State 9167988130CC

Date

MGR