

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000044888

Entity Name: DIS GROUP USA, LLC**Current Principal Place of Business:**1436 E ATLANTIC BLVD SUITE E
POMPANO BEACH, FL 33060**Current Mailing Address:**101 E MACNAB RD
431
POMPANO BEACH, FL 33060 US**FEI Number:** 46-3369672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROJAS LARA, GLORIA J
101 E MACNAB RD
431
POMPANO BEACH, FL 33060 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	PRESIDENT
Name	ROJAS LARA, GLORIA J
Address	101 E MACNAB RD 431
City-State-Zip:	POMPANO BEACH FL 33060

Title	AUTHORIZED MEMBER
Name	VARGAS ROJAS, LUIS F
Address	101 E MACNAB RD 431
City-State-Zip:	POMPANO BEACH FL 33060

Title	AUTHORIZED MEMBER
Name	VARGAS-DUFFIE, LINDA N
Address	641 NW 35TH COURT
City-State-Zip:	OAKLAND PARK FL 33309

Title	AUTHORIZED MEMBER
Name	VARGAS-O'BRIAN, ANGELA M
Address	641 NW 35TH COURT
City-State-Zip:	OAKLAND PARK FL 33309

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: ROJAS LARA GLORIA J

PRESIDENT

03/23/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date