

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000140016

Entity Name: ASISTENCIA INTEGRAL AMERICAS, LLC

Current Principal Place of Business:

3505 SOUTH OCEAN DRIVE
1203
HOLLYWOOD, FL 33019

Current Mailing Address:

3505 SOUTH OCEAN DRIVE
1203
HOLLYWOOD, FL 33019

FEI Number: 32-0448361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOZANO MANCIPE, MARIA
3505 SOUTH OCEAN DRIVE
1203
HOLLYWOOD, FL 33019 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 MGR
Name LOZANO MANCIPE, MARIA
Address 3505 SOUTH OCEAN DR., # 1203
City-State-Zip: HOLLYWOOD FL 33019

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: MARIA LOZANO MANCIPE

MANAGER

01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date