

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140016

**Entity Name:** ASISTENCIA INTEGRAL AMERICAS, LLC

**Current Principal Place of Business:**

31 SE 6 STREET  
1203  
MIAMI, FL 33131

**Current Mailing Address:**

31 SE 6 STREET  
1203  
MIAMI, FL 33131 US

**FEI Number:** 32-0448361

**Certificate of Status Desired:** No

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

ARM CONSULTING & CO INC  
3475 SHERIDAN ST  
215F  
HOLLYWOOD, FL 33021 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:** ARMANDO NODA

03/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOZANO MANCIPE, MARIA  
Address 31 SE 6 STREET  
1203  
City-State-Zip: MIAMI FL 33131

*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

MGR

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date