

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000183444

**FILED**  
**Jan 22, 2017**  
**Secretary of State**  
**CC6476958502**

**Entity Name:** HERUGAR MULTISERVICE LLC

**Current Principal Place of Business:**

2323 MCCOY RD  
#514  
ORLANDO, FL 32809

**Current Mailing Address:**

2323 MCCOY RD  
#514  
ORLANDO, FL 32809 US

**FEI Number:** 81-2668656

**Certificate of Status Desired:** No

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

HERNANDEZ, ORLANDO  
2323 MCCOY RD  
#514  
ORLANDO, FL 32809 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 HERNANDEZ, CARLOS A  
Address 2323 MCCOY RD #514  
City-State-Zip: ORLANDO FL 32809

Title MGR  
Name UGARTE, GABRIEL  
Address 2323 MCCOY RD #514  
City-State-Zip: ORLANDO FL 32809

Title MGR  
Name HERNANDEZ, ORLANDO  
Address 2323 MCCOY RD  
#514  
City-State-Zip: ORLANDO FL 32809

*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:** ORLANDO HERNANDEZ

**MGR**

**01/22/2017**

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

\_\_\_\_\_  
Date