

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000218098

**Entity Name:** BESPOKE SOUTH AMERICA TRAVEL, LLC

**Current Principal Place of Business:**

555 NE 15TH ST  
SUITE CU21-2T  
MIAMI, FL 33132

**Current Mailing Address:**

555 NE 15TH ST  
SUITE CU21-2T  
MIAMI, FL 33132 US

**FEI Number:** 81-4636771

**Certificate of Status Desired:** No

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

PARRA, ADALBERTO  
555 NE 15TH STREET  
SUITE 31G  
MIAMI, FL 33132 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	AMBR	Title	MBR
Name	TORRES PAREDES, HUGO U	Name	BELTRAN CACERES, MIREYA C
Address	1900 N BAYSHORE DR, UNIT 2815	Address	1900 N BAYSHORE DR, UNIT 2815
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132
Title	MBR	Title	MBR
Name	TORRES BELTRAN, DAVID	Name	TORRES BELTRAN, ANAHI
Address	1900 N BAYSHORE DR, UNIT 2815	Address	1900 N BAYSHORE DR, UNIT 2815
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** HUGO U TORRES PAREDES

**PRESIDENT**

**02/26/2020**

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