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: RICARDO SOSA

Electronic Signature of Signing Authorized Person(s) Detail

MIAMI, FL 33126 US

SIGNATU	02/07/2019			
	Electronic Signature of Registered Agent			Date
Authorize	d Person(s) Detail :			
Title	MGR	Title	MGR	
Name	SOSA, RICARDO	Name	SOSA, FILIBERTO	

Address

City-State-Zip:

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.

Name and Address of	Current Regi	stered Agent

5040 NW 7TH ST

MIAMI FL 33126

SUITE 705

5040 NW 7TH ST, SUITE 705

PRODEZK INC 5040 NW 7TH ST SUITE 705

Address

City-State-Zip:

Current Mailing Address:

5040 NW 7TH ST, SUITE 705 MIAMI, FL 33126 US

FEI Number: 61-1884818

nt:

MIAMI, FL 33126

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000088368

Entity Name: DORA SISTEMAS LLC

Current Principal Place of Business:

MGR

5040 NW 7TH ST

MIAMI FL 33126

SUITE 705

02/07/2019

FILED

Certificate of Status Desired: No

Date