

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000272465

**Entity Name:** LUXURY SERVICE TRANSPORT LLC

**Current Principal Place of Business:**

944 SW 145 CT  
MIAMI, FL 33184

**Current Mailing Address:**

10292 NW 9TH STREET CIR  
205  
MIAMI, FL 33172 US

**FEI Number:** 83-2693495

**Certificate of Status Desired:** No

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

SILVA, HECTOR  
944 SW 145 CT  
MIAMI, FL 33184 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            | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | SILVA, HECTOR  | Name            | PAULA, DULCILENY          |
| Address         | 944 SW 145 CT  | Address         | 944 SW 145 CT             |
| City-State-Zip: | MIAMI FL 33184 | City-State-Zip: | MIAMI FL 33184            |

*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:** HECTOR SILVA

MGR

04/17/2019

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

\_\_\_\_\_  
Date