

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000256844

**Entity Name:** DSL HOSPITALITY SYSTEMS LLC**Current Principal Place of Business:**3111 N UNIVERSITY DR  
STE 105  
CORAL SPRINGS, FL 33065**Current Mailing Address:**3111 N UNIVERSITY DR  
STE 105  
CORAL SPRINGS, FL 33065 US**FEI Number:** 37-1957568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTANT & MANAGEMENT, INC.  
1549 NE 123RD ST  
NORTH MIAMI, FL 33161 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
Name	POMPEO DA SILVA, MARCELO
Address	3111 N UNIVERSITY DR STE 105
City-State-Zip:	CORAL SPRINGS FL 33065

Title	AMBR
Name	P. POMPEO DA SILVA, GABRIELA
Address	3111 N UNIVERSITY DR STE 105
City-State-Zip:	CORAL SPRINGS FL 33065

Title	MGR
Name	P. POMPEO DA SILVA, DANIEL
Address	3111 N UNIVERSITY DR STE 105
City-State-Zip:	CORAL SPRINGS FL 33065

Title	MGR
Name	C. POMPEO DA SILVA, ANDRESSA
Address	3111 N UNIVERSITY DR STE 105
City-State-Zip:	CORAL SPRINGS FL 33065

*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:** POMPEO DA SILVA , MARCELO

AMBR

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date