# 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.

MANAGER

# SIGNATURE: GUEBSON LUBIN

Electronic Signature of Signing Authorized Person(s) Detail

# City-State-Zip: MIAMI FL 33160

MIAMI, FL 33160 US

# SIGNATURE:

1259

Electronic Signature of Registered Agent

## n (a) Datail ... ulles d D

Authorized Person(s) Detail :			
Title	MGR	Title	AP
Name	LUBIN, GUEBSON	Name	LUBIN, SAINTANIE
Address	18117 BISCAYNE BLVD 1259	Address	18117 BISCAYNE BLVD 1259
City-State-Zip:	MIAMI FL 33160	City-State-Zip:	MIAMI FL 33160

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.

# DOCUMENT# L20000134627

Entity Name: SAINTANIE VENDING SERVICES LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

18117 BISCAYNE BLVD 1259

# **Current Mailing Address:**

18117 BISCAYNE BLVD 1259 MIAMI, FL 33160 US

## FEI Number: 85-1081709

# Name and Address of Current Registered Agent:

LUBIN, GUEBSON 18117 BISCAYNE BLVD

MIAMI, FL 33160

Certificate of Status Desired: No

Date