

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000058487

**FILED  
Mar 15, 2022  
Secretary of State  
2753850943CC**

**Entity Name:** PERVOLARE NETWORK LLC

**Current Principal Place of Business:**

8400 NW 36TH ST  
STE 450  
DORAL, FL 33166

**Current Mailing Address:**

PO BOX 226678  
DORAL, FL 33222 US

**FEI Number:** 86-2282342

**Certificate of Status Desired:** No

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

MIGRATIVE INC.  
8400 NW 36TH ST  
STE 450  
DORAL, FL 33166 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	MGR
Name	TAS NETWORK S.A	Name	TORRES RIVERA, OMAR E
Address	CALLE 53, MARABELLA, AVE JOSE DE LA CRUZ HERRERA WORLD TRADE CENTER, OFI. 706 CIUDAD DE PANAMA	Address	JUAN LEON MERA E4-451 Y LA PINTA
City-State-Zip:	REPUBLIC OF PANAMA 07179	City-State-Zip:	QUITO 17052

*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:** TORRES RIVERA , OMAR E

**MGR**

**03/15/2022**

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

\_\_\_\_\_  
Date