

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000196288

Entity Name: VEND ONE, LLC**Current Principal Place of Business:**2525 PONCE DE LEON BLVD
300
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD
300
CORAL GABLES, FL 33134**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EMERGENT GLOBAL CONSULTING, LLC
2525 PONCE DE LEON BLVD
300
MIAMI, FL 33134 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 MANAGER, AUTHORIZED MEMBER
Name AGAH, ELVIS
Address 2525 PONCE DE LEON BLVD, SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name EKPETSE, FABRICE
Address 2525 PONCE DE LEON BLVD, SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MBR
Name AGBENYEGAH, MICHAEL
Address 2525 PONCE DE LEON BLVD, SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, AUTHORIZED MEMBER
Name MURILLO, CESAR
Address 2525 PONCE DE LEON BLVD, SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MBR
Name KPESESE, ADOLPH
Address 2525 PONCE DE LEON BLVD, SUITE 300
City-State-Zip: CORAL GABLES FL 33134

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: CESAR MURILLO**AUTHORIZED MEMBER****04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date