

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000193739

**Entity Name:** SMART TRANSFER SOLUTIONS LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA STE 1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA STE 1110  
CORAL GABLES, FL 33134 US

**FEI Number:** 88-2337797

**Certificate of Status Desired:** Yes

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD PH 12TH FL  
CORAL GABLES, 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 MGR  
Name PEREDA, ARIEL I  
Address 121 ALHAMBRA PLAZA STE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name VEGA, JOHAN  
Address 121 ALHAMBRA PLAZA STE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HERNANDEZ, OSNIEL  
Address 121 ALHAMBRA PLAZA STE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name HERNANDEZ, OSNIEL  
Address 121 ALHAMBRA PLAZA STE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title VCFO  
Name PEREDA, ARIEL  
Address 121 ALHAMBRA PLAZA STE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title VS  
Name VEGA, JOHAN  
Address 121 ALHAMBRA PLAZA STE 1110  
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:** ARIEL PEREDA

**DIRECTOR & CFO**

**02/25/2024**

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

\_\_\_\_\_  
Date