

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019022

Entity Name: FEGADUR, LLC**Current Principal Place of Business:**1901 BRICKELL AVENUE
B-1901
MIAMI, FL 33129**Current Mailing Address:**1901 BRICKELL AVENUE
B-1901
MIAMI, FL 33129**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAFONTISEE, LOUIS LJR.
3121 COMMODORE PLAZA
SUITE 301
MIAMI, FL 33133 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	GARCIA, IGNACIO
Address	1901 BRICKELL AVE #B-1901
City-State-Zip:	MIAMI FL 33129

Title	MGRM
Name	GARCIA DURAN, LUIS FERNANDO
Address	C/SANTA QUITERIA #16
City-State-Zip:	08188 VALLROMANES BAR. SPAIN

Title	MGRM
Name	INIGO, PILAR ECHEVARR
Address	C/SANTA QUITERIA #16
City-State-Zip:	08188 VALLROMES BAR. SPAIN

Title	MGRM
Name	GARCIA ECHEVARRIETA, BORJA
Address	C/SANTA QUITERIA #16
City-State-Zip:	08188 VALLROMES BAR. SPAIN

Title	MGRM
Name	GARCIA ECHEVARRIETA, ANDRES
Address	C/SANTA QUITERIA #16
City-State-Zip:	08188 VALLROMES BAR. SPAIN

Title	MGRM
Name	GARCIA ECHEVARRIETA, ALEJANDRO
Address	C/SANTA QUITERIA #16
City-State-Zip:	08188 VALLROMES BAR. SPAIN

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: IGNACIO GARCIA**MANAGER****04/20/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date