

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000096229

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC3410172050**

**Entity Name:** NAVICON INTERNATIONAL, LLC

**Current Principal Place of Business:**

8550 NW 17 STREET  
SUITE 110A  
DORAL, FL 33126

**Current Mailing Address:**

8550 NW 17 STREET  
SUITE 110A  
DORAL, FL 33126 US

**FEI Number:** 20-3626629

**Certificate of Status Desired:** No

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

DEL REY, ALICIA  
8550 NW 17 STREET  
SUITE 110A  
DORAL, FL 33126 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	MGRM	Title	MGR
Name	YANEZ, GABRIEL	Name	DEL REY, ALICIA
Address	8550 NW 17 STREET SUITE 110A	Address	8550 NW 17 STREET SUITE 110A
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126
Title	MGRM		
Name	ZANZOTTERA, GUSTAVO		
Address	8550 NW 17 STREET SUITE 110A		
City-State-Zip:	DORAL FL 33126		

*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:** DEL REY ALICIA

**MGR**

**04/28/2014**

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

\_\_\_\_\_  
Date