

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100452

**Entity Name:** NAVICON UNLIMITED, 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:** 20-3626668

**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:** DEL REY ALICIA

04/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name ZANZOTTERA, GUSTAVO  
Address 8550 NW 17 STREET  
SUITE 110A  
City-State-Zip: DORAL FL 33126

Title MGR, TREASURER, SECRETARY  
Name YANEZ, GABRIEL  
Address 8550 NW 17 STREET  
SUITE 110A  
City-State-Zip: DORAL FL 33126

Title MGR, VP  
Name DEL REY, ALICIA  
Address 8550 NW 17 STREET  
SUITE 110A  
City-State-Zip: DORAL FL 33126

Title MGRM  
Name NAVICON INTERNATIONAL, LLC  
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:** ALICIA DEL REY

MGR VP

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date