

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034812

**Entity Name:** LIBENOR L.L.C.

**Current Principal Place of Business:**

17275 COLLINS AVE., #904  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

2060 NE 203 TER  
AVENTURA, FL 33180

**FEI Number:** 20-5811583

**Certificate of Status Desired:** No

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

FUNES, EDUARDO R  
19300 W. DIXIE HIGHWAY, SUITE#12  
N. MIAMI BEACH, FL 33180-2201 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 ARONOWICZ, NORBERTO  
Address 17275 COLLINS AVE., #904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name ARONOWICZ, BERTA  
Address 17275 COLLINS AVE., #904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name FUNES, LILIANA  
Address 17275 COLLINS AVE., #904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ARONOWICZ, BERTA

MRG

01/18/2015

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

\_\_\_\_\_  
Date