

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066539

**Entity Name:** ALICASTRO GROUP LLC

**Current Principal Place of Business:**

17570 ATLANTIC BLVD  
404  
MIAMI, FL 33160

**Current Mailing Address:**

17570 ATLANTIC BLVD  
404  
MIAMI, FL 33160

**FEI Number:** 20-5327696

**Certificate of Status Desired:** No

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

FABIAN, ALICASTRO  
17570 ATLANTIC BLVD  
404  
MIAMI, FL 33160 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 FABIAN, ALICASTRO  
Address 17570 ATLANTIC BLVD  
City-State-Zip: MIAMI 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:** FABIAN ANDRES ALICASTRO

**PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date