

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000018393

**Entity Name:** MARPESCA DIRECT, LLC**Current Principal Place of Business:**6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126**Current Mailing Address:**PO BOX 261450  
MIAMI, FL 33126 US**FEI Number:** 65-1297038**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REIGOSA, JOSE MANUEL  
6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, 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:** JOSE M REIGOSA

06/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name REIGOSA, JOSE MANUEL  
Address 6303 BLUE LAGOON DRIVE  
SUITE 400  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name SIEIRO, JOSE LUIS  
Address 6303 BLUE LAGOON DRIVE  
SUITE 400  
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER  
Name TUNA FISH HOLDINGS LLC  
Address 6303 BLUE LAGOON DRIVE  
SUITE 400  
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER  
Name LYMBEROPULOS, DIONISIO  
Address 6303 BLUE LAGOON DRIVE  
SUITE 400  
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER  
Name LYMBEROPULOS, FOTIS  
Address 6303 BLUE LAGOON DRIVE  
SUITE 400  
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER  
Name LYMBEROPULOS, PANAGIOTIS  
Address 6303 BLUE LAGOON DRIVE  
SUITE 400  
City-State-Zip: MIAMI 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:** JOSE M. REIGOSA**MANAGER**

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date