

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000078128

**Entity Name:** INVERSORA NOR-DEC INTERNATIONAL, L.L.C.

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC5290197364**

**Current Principal Place of Business:**

1200 BRICKELL AVENUE  
SUITE # 505  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL AVENUE  
SUITE # 102  
MIAMI, FL 33131 US

**FEI Number: 26-3701578**

**Certificate of Status Desired: No**

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

MARRERO, JOSE C  
1200 BRICKELL AVENUE  
SUITE 505  
MIAMI, FL 33131 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  
Name BARTON, ENRIQUE  
Address 1200 BRICKELL AVENUE , SUITE 505  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name DE OLIVEROS, ANA LUISA  
Address 1200 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name BARTON, MARIA EMILIA  
Address 1200 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

*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: ENRIQUE BARTON**

**MGMR**

**04/16/2015**

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

\_\_\_\_\_  
Date