2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104915

Entity Name: INTERAMERICAN CORPORATE SERVICES LLC

FILED Feb 19, 2015 **Secretary of State** CC0491654081

Current Principal Place of Business:

2525 PONCE DE LEON BLVD.

SUITE 1225

CORAL GABLES, FL 33134

Current Mailing Address:

2525 PONCE DE LEON BLVD. **SUITE 1225** CORAL GABLES, FL 33134 US

FEI Number: 38-3885753 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, PATRICIA M 2525 PONCE DE LEON BLVD. **SUITE 1225** CORAL GABLES, FL 33134 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name HERNANDEZ, PATRICIA M Name AVILA, ALCIDES I

2525 PONCE DE LEON BLVD., SUITE 2525 PONCE DE LEON BLVD., SUITE Address Address 1225 1225

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MGR Title MGR

Name FERRI, MARCO Name BARRETO TERCILLA, MAGGIE

2525 PONCE DE LEON BLVD., SUITE Address 2525 PONCE DE LEON BLVD., SUITE Address

1225

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MGR Title MGR

GARRO, ASNARDO MENA, DANIEL O Name Name

2525 PONCE DE LEON BLVD., SUITE 2525 PONCE DE LEON BLVD., SUITE Address Address

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

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: PATRICIA M. HERNANDEZ

MANAGER

02/19/2015