

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104915

**Entity Name:** INTERAMERICAN CORPORATE SERVICES LLC**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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGR
Name	HERNANDEZ, PATRICIA M
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	AVILA, ALCIDES I
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	FERRI, MARCO
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	BARRETO TERCILLA, MAGGIE
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	GARRO, ASNARDO
Address	2525 PONCE DE LEON BLVD., SUITE 1225
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MENA, DANIEL O
Address	2525 PONCE DE LEON BLVD., SUITE 1225
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:** ALCIDES AVILA**MANAGER****01/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date