

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006995

**Entity Name:** FWAS INVESTMENT GROUP, LLC.**Current Principal Place of Business:**200 WASHINGTON AVENUE  
WILMINGTON, DE 19803**Current Mailing Address:**200 WASHINGTON AVENUE  
WILMINGTON, DE 19803 US**FEI Number:** 26-1785539**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FUENTES, JUAN PMGRM  
1050 BRICKELL AVENUE  
2022  
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 FUENTES WALLIS, ANA MARIA (20%)  
Address C CAICARA, C.E. FERROCASA,  
TORRE A, PISO 3  
City-State-Zip: PUERTO ORDAZ, ESTADO BOLIVAR  
BO 8050

Title MGRM  
Name FUENTES WALLIS, ANDRES (20%)  
Address C CAICARA, C.E. FERROCASA,  
TORRE A, PISO 3  
City-State-Zip: PUERTO ORDAZ, ESTADO BOLIVAR  
BO 8050

Title MGRM  
Name FUENTES DE MENDEZ, MARIA  
CAROLINA (20%)  
Address C CAICARA, C.E. FERROCASA,  
TORRE A, PISO 3  
City-State-Zip: PUERTO ORDAZ, ESTADO BOLIVAR  
BO 8050

Title MGRM  
Name FUENTES WALLIS, JUAN PABLO  
(20%)  
Address 200 WASHINGTON AVENUE  
City-State-Zip: WILMINGTON DE 19803  
  
Title MGRM  
Name FUENTES WALLIS, JOSE IGNACIO  
(20%)  
Address C CAICARA, C.E. FERROCASA,  
TORRE A, PISO 3  
City-State-Zip: PUERTO ORDAZ, ESTADO BOLIVAR  
BO 8050

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:** JUAN PABLO FUENTES WALLIS

MGRM

03/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date