

2015 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

PMGRM

03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date