# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAVIER SANCHEZ

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L08000018774

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ROBUST SOLUTIONS LLC

## **Current Principal Place of Business:**

6200 NW 7 ST 262651 MIAMI, FL 33126

#### **Current Mailing Address:**

6200 NW 7 ST 262651 MIAMI, FL 33126 US

## FEI Number: 26-1985216

## Name and Address of Current Registered Agent:

SANCHEZ, JAVIER 6200 NW 7 ST 262651 MIAMI, FL 33126 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SANCHEZ, JAVIER	Name	ALFONSO, NANCY
Address	6200 NW 7 ST 262651	Address	6200 NW 7 ST 262651
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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 MANAGER

Certificate of Status Desired: No

02/13/2016

Date

FILED Feb 13, 2016 Secretary of State CC0352938392

Date