

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030767

**Entity Name:** FARALA HOLDINGS, LLC

**Current Principal Place of Business:**

3500 MYSTIC POINTE DRIVE  
UNIT 3102  
AVENTURA, FL 33180

**Current Mailing Address:**

3500 MYSTIC POINTE DRIVE  
UNIT 3102  
AVENTURA, FL 33180

**FEI Number:** 26-2368083

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUEVAS, ORTIZ & CUBAS, P.A.  
3500 MYSTIC POINTE DRIVE  
UNIT 3102  
AVENTURA, FL 33180 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 SAADE DE JESURUN, FADIA  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN FRANCO, RAMON  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN, FADIA  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN, RAMON J  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN, LAURA  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

*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:** RAMON JESURUN

02/16/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date