

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048691

**FILED  
Apr 24, 2013  
Secretary of State  
CC8144547805**

**Entity Name:** VICUNA ENTERPRISES, LLC

**Current Principal Place of Business:**

5757 COLLINS AVENUE  
APT. 707  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5757 COLLINS AVENUE  
APT. 707  
MIAMI BEACH, FL 33140 US

**FEI Number: 26-2636610**

**Certificate of Status Desired: No**

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

THE MEDI-LAW FIRM  
325 ALMERIA AVENUE  
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 MGRM  
Name VICUNA, RICARDO  
Address 5757 COLLINS AVE., APT. 707  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name VICUNA VIDAL, SULPICIO  
Address 5757 COLLINS AVE., APT. 707  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name VICUNA VALLE, SANDRA H  
Address 5757 COLLINS AVE., APT. 707  
City-State-Zip: MIAMI BEACH FL 33140

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICARDO VICUNA**

**MGRM**

**04/24/2013**

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

\_\_\_\_\_  
Date