

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056905

**Entity Name:** ASIAN PACIFICA, LLC**Current Principal Place of Business:**17100 COLLINS AVE.  
SUITE 114-115  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17100 COLLINS AVE.  
SUITE 114-115  
SUNNY ISLES BEACH, FL 33160**FEI Number:** 26-2824364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTHY, PANIDA  
17100 COLLINS AVE.  
SUITE 114-115  
SUNNY ISLES BEACH, FL 33160 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	PRESIDENT
Name	MCCARTHY, PANIDA
Address	17100 COLLINS AVE. SUITE 114-115
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MANAGER
Name	SAPUTRA, IWAN
Address	17100 COLLINS AVE. SUTIE 114
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MANAGER
Name	SAPUTRA, IWAN
Address	17100 COLLINS AVE. SUTIE 114
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	VP
Name	RATTANACHAYABUN, SINEE
Address	17100 COLLINS AVE. SUITE 114-115
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	AUTHORIZED MEMBER
Name	NORMAN, BENJAWAN
Address	922 NE 91ST TERRACE
City-State-Zip:	MIAMI SHORES FL 33138

Title	AUTHORIZED MEMBER
Name	NORMAN, BENJAWAN
Address	922 NE 91ST TERRACE
City-State-Zip:	MIAMI SHORES FL 33138

*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:** PANIDA MCCARTHY**PRESIDENT****01/21/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date