

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033131

**Entity Name:** QUEEN FINE ARTS, LLC

**Current Principal Place of Business:**

19201 COLLINS AVE UNIT CU109  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

2100 SALZEDO ST  
# 300  
CORAL GABLES, FL 33134

**FEI Number:** 42-1767722

**Certificate of Status Desired:** Yes

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
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           MANAGER  
Name           REINA, ALEJANDRA CATALINA  
Address        1730 NE 140 ST  
City-State-Zip: NORTH MIAMI FL 33181

Title           TREASURER  
Name           ROSQUETE, MARIA ROSAS  
Address        1730 NE 140 ST  
City-State-Zip: NORTH MIAMI FL 33181

Title           MGR  
Name           REINA, ALEJANDRA C  
Address        19201 COLLINS AVE UNIT CU109  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           T  
Name           ROSQUETE, MARIA R  
Address        19201 COLLINS AVE UNIT CU109  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** REINA, ALEJANDRA

**MANAGER**

**02/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date