

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000036943

Entity Name: IBERICA FINCA RAIZ, LLC**Current Principal Place of Business:**400 LESLIE DRIVE
602
HALLANDALE, FL 33009**Current Mailing Address:**400 LESLIE DRIVE
602
HALLANDALE, FL 33009 US**FEI Number:** 46-0522257**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROJAS GUILLEN, JOHN MSR
400 LESLIE DRIVE
602
HALLANDALE, FL 33009 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 GUILLEN DE ROJAS, MARIA O
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009Title MGRM
Name ROJAS GUILLEN, YANED M
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009Title MGRM
Name ROJAS GUILLEN, ZULIMA N
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009Title MGRM
Name ROJAS GUILLEN, JOHN M
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009Title MGRM
Name PATINO TRIANA, LIZA
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009Title MGRM
Name MUSTAFA ROJAS, VANESA
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009Title MGRM
Name ECHEVERRY ROJAS, JUAN
Address 400 LESLIE DRIVE
602
City-State-Zip: HALLANDALE FL 33009

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: JOHN MILTON ROJAS GUILLEN**PRESIDENT****04/30/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date