

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046554

**Entity Name:** BUENA VISTA DELI LLC

**Current Principal Place of Business:**

4590 NE 2ND AVENUE  
MIAMI, FL 33137

**Current Mailing Address:**

4590 NE 2ND AVENUE  
MIAMI, FL 33137

**FEI Number:** 27-0278999

**Certificate of Status Desired:** No

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

POSTEL, CLAUDE AMR  
4590 NE 2ND AVENUE  
MIAMI, FL 33137 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	MGR	Title	MGR
Name	CLAUDE, POSTEL A	Name	CORENTIN, FINOT
Address	4590 NE 2ND AVENUE	Address	4590 NE 2ND AVENUE
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

*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:** CLAUDE A. POSTEL

**MANAGER**

**02/26/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date