I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am a managing member or manager of the limited liability company or the receiver or th that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> MARIA CARMEN PINEDA	PRESIDENT	05/28/2014

SIGNATURE: MARIA CARMEN PINEDA

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

3350 N.W. S. RIVER DRIVE MIAMI. FL 33142

## **Current Mailing Address:**

DOCUMENT# L09000070635

3350 N.W. S. RIVER DRIVE MIAMI, FL 33142 US

### FEI Number: 27-0594837

# Name and Address of Current Registered Agent:

PINEDA, MARIA C 3350 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142 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	: MARIA CARMEN PINEDA			05/28/2014	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	Р	Title	VP		
Name	PINEDA, MARIA CARMEN	Name	GARCIA, NOEL		
Address	19520 NW 62 PLACE	Address	19520 NW 62 PLACE		
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015		
Title	т	Title	S		
Name	PINEDA, MARIA CARMEN	Name	PINEDA, MARIA CARMEN		
Address	19520 NW 62 PLACE	Address	19520 NW 62 PLACE		
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015		

#### FILED May 28, 2014 Secretary of State CC3180480673

Certificate of Status Desired: No

PRESIDENT

Date