

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073150

**Entity Name:** THCMILK, LLC**Current Principal Place of Business:**290 NW 165TH STREET  
PH5  
MIAMI, FL 33169**Current Mailing Address:**290 NW 165TH STREET  
PH5  
MIAMI, FL 33169 US**FEI Number:** 46-0522974**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DARIN, MELLINGER W ESQ.  
1200 NORTH FEDERAL HIGHWAY  
200  
BOCA RATON, FL 33432 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:** DARIN MELLINGER

04/15/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ESTEVEZ, JORGE A  
Address 290 NW 165TH STREET  
PH5  
City-State-Zip: MIAMI FL 33169

Title MGRM  
Name MONTES, ADRIANA P  
Address 290 NW 165TH STREET  
PH5  
City-State-Zip: MIAMI FL 33169

Title MGRM  
Name ESTEVEZ, MARIA V  
Address 290 NW 165TH STREET  
PH5  
City-State-Zip: MIAMI FL 33169

Title MGRM  
Name ESTEVEZ, SOFIA  
Address 290 NW 165TH STREET  
PH5  
City-State-Zip: MIAMI FL 33169

Title MGRM  
Name ESTEVEZ, JOSEFINA  
Address 290 NW 165TH STREET  
PH5  
City-State-Zip: MIAMI FL 33169

*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:** ESTEVEZ , JORGE A

MGRM

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date