

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082545

**Entity Name:** BASHER SERVICE, LLC

**Current Principal Place of Business:**

185 SE 14TH TERRACE  
SUITE 809  
MIAMI, FL 33131

**Current Mailing Address:**

185 SE 14TH TERRACE  
SUITE 809  
MIAMI, FL 33131

**FEI Number:** 68-0678869

**Certificate of Status Desired:** Yes

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

OSCAR GRISALES-RACINI, PA  
2999 NE 191 STREET  
PH8  
AVENTURA, FL 33180 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  
Name ALONSO, JUAN M  
Address 185 SE 14TH TERRACE #809  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name ALONSO, JUAN MANUEL  
Address 185 SE 14TH TERRACE #809  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name TAVERNA, SILVINA E  
Address 185 SE 14TH TERRACE #809  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name ALONSO, JUAN MARTIN  
Address 185 SE 14TH TERRACE #809  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name ALONSO, JORGE I SR.  
Address 185 SE 14TH TERRACE  
809  
City-State-Zip: MIAMI FL 33131

*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:** JUAN M ALONSO

MGR

01/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date