

2015 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:** No**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

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date