

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092201

**Entity Name:** MACAYOCORP, LLC

**Current Principal Place of Business:**

1541 BRICKELL AVE.  
SUITE 1005  
MIAMI, FL 33129

**Current Mailing Address:**

1541 BRICKELL AVE.  
SUITE 1005  
MIAMI, FL 33129 US

**FEI Number:** 46-0523553

**Certificate of Status Desired:** No

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

MURAI WALD BIONDO & MORENO, P.A.  
1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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            PRESIDENT, SECRETARY  
Name            SALEM, MARIA VERONICA  
Address        1541 BRICKELL AVE.  
                  SUITE 1005  
City-State-Zip: MIAMI FL 33129

Title            VP, TREASURER  
Name            MASSUH, GUSTAVO  
Address        1541 BRICKELL AVE.  
                  SUITE 1005  
City-State-Zip: MIAMI FL 33129

Title            MANAGING MEMBER  
Name            MANISPER OVERSEAS S. DE R.L  
Address        1541 BRICKELL AVE.  
                  SUITE 1005  
City-State-Zip: MIAMI FL 33129

*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:** GUSTAVO MASSUH

VP TREASURER

02/22/2015

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

\_\_\_\_\_ Date