**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 11, 2017**
**Secretary of State**
**CC8522157746**

DOCUMENT# L09000106202

**Entity Name:** INVERSIONES SOFIA, LLC

**Current Principal Place of Business:**

8260 W FLAGLER ST STE 2-C
MIAMI, FL 33144

**Current Mailing Address:**

8260 W FLAGLER ST STE 2-C
MIAMI, FL 33144

**FEI Number: 46-0523808**

**Certificate of Status Desired:** Yes

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

SALAS PORRAS, ONELYMAR
8260 W FLAGLER ST
STE 2-C
MIAMI, FL 33144 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 | MGRM | Title | MGR |
| Name | SALAS PORRAS, ONELYMAR | Name | LASTRA, WILSON J |
| Address | 8260 W FLAGLER ST STE 2-C | Address | 8260 W FLAGLER ST STE 2-C |
| City-State-Zip: | MIAMI FL 33144 | City-State-Zip: | MIAMI FL 33144 |

*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: SALAS PORRAS ONELYMAR MGR 02/11/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date