

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034753

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC8988720108**

**Entity Name:** SECOND GENERATION MEXICAN, LLC

**Current Principal Place of Business:**

14914 PINES BLVD  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

18167 BISCAYNE BLVD  
AVENTURA, FL 33160 US

**FEI Number:** 27-2363210

**Certificate of Status Desired:** No

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

OLIVO, CESAR  
20140 N.E. 21ST CT  
NORTH MIAMI, FL 33179 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  
Name PEREZ, ADRIANA  
Address 20140 N.E. 21ST CT  
City-State-Zip: NORTH MIAMI FL 33179

Title MGRM  
Name OLIVO, CESAR  
Address 20140 N.E. 21ST CT  
City-State-Zip: NORTH MIAMI FL 33179

Title MGRM  
Name PEREZ, SAMUEL D COO  
Address 1127 ADAM ST  
City-State-Zip: HOLLYWOOD FL 33019

*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:** ADRIANA PEREZ

CFO

01/25/2016

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

\_\_\_\_\_ Date