#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000039848

Entity Name: XICA MARIA REPOSTERIA, LLC

## **Current Principal Place of Business:**

4237 NW 107TH AVE. UNIT 26 MIAMI, FL 33178

## **Current Mailing Address:**

4237 NW 107TH AVE. UNIT 26 MIAMI, FL 33178 US

### FEI Number: 39-2077229

## Name and Address of Current Registered Agent:

STROHSCHEIB, ALEXANDRE SCARTON MGR 4237 NW 107 AVE UNIT 26 MIAMI, FL 33178 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.

| <u></u>           |  | -               | -                             |            |
|-------------------|--|-----------------|-------------------------------|------------|
| SIGNATURE:        | ALEXANDRE SCARTON STROHSCHEIB            |                 |                               | 04/27/2016 |
|                   | Electronic Signature of Registered Agent |                 |                               | Date       |
| Authorized P      | erson(s) Detail :                        |                 |                               |            |
| Title             | MGRM                                     | Title           | MGRM                          |            |
| Name              | SCARTON, JAMILE                          | Name            | SCARTON, ELENIR               |            |
|                   | 4237 NW 107TH AVE.<br>UNIT 26            | Address         | 4237 NW 107TH AVE.<br>UNIT 26 |            |
| City-State-Zip: I | MIAMI FL 33178                           | City-State-Zip: | MIAMI FL 33178                |            |
| Title             | MGR                                      |                 |                               |            |
|                   | STROHSCHEIN, ALEXANDRE<br>SCARTON        |                 |                               |            |
|                   | 4237 NW 107TH AVE.<br>UNIT 26            |                 |                               |            |
| City-State-Zip:   | MIAMI FL 33178                           |                 |                               |            |

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: ALEXANDRE SCARTON STROHSCHEIN

SALES MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No