

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070647

Entity Name: HERMANOS CAFFARO, LLC**Current Principal Place of Business:**2 ALHAMBRA PLAZA
PH2-C
CORAL GABLES, FL 33134**Current Mailing Address:**207 SINCLAIR, LA LUCILA (1636)
PDO DE VICENTE LOPEZ
BUENOS AIRES, BA 00000 AR**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LA CRUZ, LUIS F
2 ALHAMBRA PLAZA
PH2-C
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	MGR
Name	CAFFARO, HORACIO A
Address	207 SINCLAIR, LALUCILA (1636) PDO VIC LOP
City-State-Zip:	BUENOS AIRES BA 00000

Title	MGR
Name	CAFFARO, GUIDO M
Address	207 SINCLAIR, LALUCILA (1636) PDO VIC LOP
City-State-Zip:	BUENOS AIRES BA 00000

Title	MGR
Name	CAFFARO, EMILIO M
Address	207 SINCLAIR, LALUCILA (1636) PDO VIC LOP
City-State-Zip:	BUENOS AIRES BA 00000

Title	MGR
Name	CAFFARO, CHRISTIAN J
Address	207 SINCLAIR, LALUCILA (1636) PDO VIC LOP
City-State-Zip:	BUENOS AIRES BA 00000

Title	MGR
Name	COSTA, MONICA E
Address	207 SINCLAIR, LALUCILA (1636) PDO VIC LOP
City-State-Zip:	BUENOS AIRES BA 00000

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTIAN CAFFARO**MANAGER****03/22/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date