

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091827

**Entity Name:** MAVIPA LLC

**Current Principal Place of Business:**

7950 N.W. 53 STREET SUITE 221  
DORAL, FL 33166

**Current Mailing Address:**

7950 N.W. 53 STREET SUITE 221  
DORAL, FL 33166

**FEI Number:** 99-0362168

**Certificate of Status Desired:** No

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

ROSILLO, FRANK ACPA  
7950 N.W. 53 STREET SUITE 221  
DORAL, FL 33166 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	Title	MGR
Name	DUQUE RUIZ, OMAR	Name	PEREIRA OCHOA, YMARY A
Address	CALLE 1 CON CULLE O NO. 5-46 SECTOR PATIEC	Address	CALLE 1 CON CULLE O NO. 5-46 SECTOR PATIEC
City-State-Zip:	TACHIRA, VENZUELA	City-State-Zip:	TACHIRA, VENZUELA

*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:** OMAR DUQUE RUIZ

**DIRECTOR**

**04/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date