

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107841

**Entity Name:** FERRIBA LLC

**Current Principal Place of Business:**

1435 BRICKELL AVE.  
APT. 3509  
MIAMI, FL 33131

**Current Mailing Address:**

1435 BRICKELL AVE.  
APT. 3509  
MIAMI, FL 33131 US

**FEI Number:** 27-4824323

**Certificate of Status Desired:** Yes

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

VARGAS, ELIZABETH M  
1435 BRICKELL AVE APT 3509  
MIAMI, FL 33131 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 FERNANDEZ RIBA, MARIAPIA  
Address 1435 BRICKELL AVE., APT. 3509  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name FERNANDEZ RIBA, XAVIER  
Address 1435 BRICKELL AVE., APT. 3509  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name RIBA DE FERNANDEZ, SOFIA  
Address 1435 BRICKELL AVE., APT. 3509  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name FERNANDEZ Y GODARD, JAVIER  
Address 1435 BRICKELL AVE., APT. 3509  
City-State-Zip: MIAMI FL 33131

*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:** JAVIER FERNANDEZ Y GODARD

**MANAGER**

02/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date