

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116142

**Entity Name:** APB AMERICAN GROUP, LLC**Current Principal Place of Business:**5252 PASEO COND UNIT 1405  
DORAL, FL 33166**Current Mailing Address:**5252 PASEO COND UNIT 1405  
DORAL, FL 33166 US**FEI Number:** 27-3888413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PLASENCIA, CARLOS E  
5252 PASEO COND UNIT 1405  
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           | MGRM                      |
| Name            | PLASENCIA, CARLOS EDUARDO |
| Address         | 5252 PASEO COND UNIT 1405 |
| City-State-Zip: | DORAL FL 33166            |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | MGRM                             |
| Name            | CENTENO DOS RAMOS, FABIO ANTONIO |
| Address         | 5252 PASEO COND UNIT 1405        |
| City-State-Zip: | DORAL FL 33166                   |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | MGRM                             |
| Name            | AUMAITRE ALVAREZ, ALEXANDER JOSE |
| Address         | 5252 PASEO COND UNIT 1405        |
| City-State-Zip: | DORAL FL 33166                   |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | MGRM                              |
| Name            | LORETO RODRIGUES, NEHOMAR AGUSTIN |
| Address         | 5252 PASEO COND UNIT 1405         |
| City-State-Zip: | DORAL FL 33166                    |

*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:** PLASENCIA , CARLOS EDUARDO

MGRM

04/12/2018

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