

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123168

**Entity Name:** FOXSTONE US INVESTMENTS, LLC

**Current Principal Place of Business:**

1824 BRICKELL AVE., UNIT 4-C  
MIAMI, FL 33129

**Current Mailing Address:**

1824 BRICKELL AVE., UNIT 4-C  
MIAMI, FL 33129 US

**FEI Number:** 27-4092145

**Certificate of Status Desired:** No

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

FERNANDEZ, JORGE  
GBS CONSULTANTS, INC.  
18501 PINES BLVD SUITE 201  
PEMBROKE PINES, FL 33029 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 BAQUERO JIMENEZ, NANCY J  
Address 1824 BRICKELL AVE., UNIT 4-C  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name ROLANDO DE BAQUERO, JOSEFINA  
Address CLLE E RES VALLE ALTO APT 6A STA ROSA LIMA  
City-State-Zip: CARACAS MI 1060

Title MGR  
Name BAQUERO, FRANCISCO J  
Address CLLE BOCONO ED ATRIUM APT 1B COL BELLO MTE  
City-State-Zip: CARACAS MI 1080

Title MGR  
Name BAQUERO, JOSE G  
Address 610 STRATFORD LN  
City-State-Zip: COPPEL TX 75019

Title MGR  
Name NORA, CAMEJO  
Address 151 CRANDON BLVD UNIT 145  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name BAQUERO, MARIA E  
Address CLLE RORAIMA QTA DUGOUT CHUAO  
City-State-Zip: CARACAS MI 1060

*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:** BAQUERO JIMENEZ, NANCY J

**MGRM**

**01/20/2018**

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

\_\_\_\_\_  
Date