

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003780

**Entity Name:** AGAVES, LLC

**Current Principal Place of Business:**

150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131

**Current Mailing Address:**

150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BOLOGNA, STAFANIA ESQ.  
150 S.E. 2ND AVENUE, SUITE #1010  
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	MGR	Title	MGR
Name	LOMONACO, LUIGI	Name	LOMONACO, LUCA
Address	888 BISCAYNE BLVD. #2808	Address	888 BISCAYNE BLVD. #2808
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** LUIGI LOMONACO

**MGR**

**04/26/2017**

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

\_\_\_\_\_  
Date