

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052191

**Entity Name:** VIA CARBONARA, LLC

**Current Principal Place of Business:**

1616 NORTH FL MANGO RD  
A-7  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1616 NORTH FL MANGO RD  
A-7  
WEST PALM BEACH, FL 33409

**FEI Number:** 45-2107516

**Certificate of Status Desired:** No

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

FISCHER, EZEQUIEL  
1000 E HALLANDALE BEACH BLVD  
28  
MIAMI, FL 33009 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 LOS MALLINES SA, INC  
Address 1616 N FL MANGO RD #A-7  
City-State-Zip: WEST PALM BEACH FL 33409

Title MGRM  
Name VOLUMEN 25, INC  
Address 1616 N FL MANGO RD #A-7  
City-State-Zip: WEST PALM BEACH FL 33409

Title MANAGER  
Name EZEQUIEL, FISCHER  
Address 1000 E HALLANDALE BEACH BLVD  
STE 28  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** NICOLAS JAKIMOWICZ

**P OF VOLUMEN 25 INC**

**01/26/2017**

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

\_\_\_\_\_  
Date