

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000053007

**FILED**  
**Oct 03, 2015**  
**Secretary of State**  
**CC2729810761**

**Entity Name:** QUILMES BROTHER, LLC

**Current Principal Place of Business:**

15 NW 7TH AVENUE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

2472 S. BRANDYS JEWEL AVENUE  
MERIDIAN, ID 83642 US

**FEI Number:** 33-1220917

**Certificate of Status Desired:** No

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

VIDMAR, PABLO D  
15 NW 7TH AVENUE  
FORT LAUDERDALE, FL 33311 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 VIDMAR, PABLO D  
Address 15 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title MGRM  
Name VIDMAR, WALTER R  
Address 15 NW 7TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title AR  
Name CORRINGTON, MICHAEL J  
Address 2472 S, BRANDYS JEWEL AVE.  
City-State-Zip: MERIDIAN ID 83642

Title AUTHORIZED REPRESENTATIVE  
Name CORRINGTON, MICHAEL JAMES SR.  
Address 2472 S. BRANDYS JEWEL AVENUE  
City-State-Zip: MERIDIAN ID 83642

*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:** MICHAEL JAMES CORRINGTON

**AUTHORIZED  
REPRESENTATIVE**

**10/03/2015**

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

\_\_\_\_\_  
Date