

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075901

**Entity Name:** LA MACCINAIA, LLC

**Current Principal Place of Business:**

11281 NW 64 TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

C/O MANUEL A. GARCIA-LINARES  
396 ALHAMBRA CIRCLE NORTH TOWER, 14TH FLOOR  
MIAMI, FL 33134 US

**FEI Number:** 37-1648235

**Certificate of Status Desired:** Yes

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

GARCIA-LINARES, MANUEL A  
396 ALHAMBRA CIRCLE  
NORTH TOWER, 14TH FLOOR  
MIAMI, FL 33134 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  
Name ZACHRISSON PORRES, ERNESTO A  
Address 11281 NW 64 TERRACE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name DE ZACHRISSON, IRMA A  
Address 11281 NW 64 TERRACE  
City-State-Zip: DORAL FL 33178

Title MGR  
Name ZACHRISSON, CARLOS E  
Address 11281 NW 64 TERRACE  
City-State-Zip: DORAL FL 33178

Title MGR  
Name ZACHRISSON, RODRIGO  
Address 11281 NW 64 TERRACE  
City-State-Zip: DORAL FL 33178

*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:** ERNESTO A. ZACHRISSON PORRES

**MGR**

**01/10/2017**

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

\_\_\_\_\_  
Date