

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110519

**Entity Name:** FAVIKA C.A. LLC.

**Current Principal Place of Business:**

8217 ABBOTT AVENUE  
SUITE 10  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

8217 ABBOTT AVENUE  
SUITE 10  
MIAMI BEACH, FL 33141

**FEI Number:** 80-0758037

**Certificate of Status Desired:** No

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

GUYON, VICTOR  
8217 ABBOTT AVENUE  
SUITE 10  
MIAMI BEACH, FL 33141 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 GUYON, VICTOR M  
Address AV. ARNOLDO GABALDON #7. LA  
FUNDACION  
City-State-Zip: MENDOZA, CARACAY - VENEZUELA  
XX XXXXX

Title MGRM  
Name GUYON, KARIM S  
Address AV. ARNOLDO GABALDON #7. LA  
FUNDACION  
City-State-Zip: MENDOZA, CARACAY - VENEZUELA  
XX XXXXX

*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:** VICTOR M. GUYON

MGRM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date