

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117987

**Entity Name:** WIDE INVESTMENTS, LLC

**Current Principal Place of Business:**

C/O JOHN T. CULLEN, P.A.  
12401 ORANGE DRIVE SUITE 127  
DAVIE, FL 33330-4344

**Current Mailing Address:**

P.O.BOX 520066  
MIAMI, FL 33152

**FEI Number:** 45-3629095

**Certificate of Status Desired:** No

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

EUGENIO DUARTE, PA  
999 PONCE DE LEON BLVD  
SUITE 735  
CORAL GABLES, 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   | Title           | MGR                |
| Name            | DUARTE, ROLANDO                               | Name            | DUARTE, TERESITA L |
| Address         | P.O. BOX 520066                               | Address         | P.O. BOX 520066    |
| City-State-Zip: | MIAMI FL 33152                                | City-State-Zip: | MIAMI FL 33152     |
|                 |   |                 |                    |
| Title           | MGRM  |                 |                    |
| Name            | DUARTE FAMILY INTERVIVOS<br>DECLARATION TRUST |                 |                    |
| Address         | P.O. BOX 520066                               |                 |                    |
| City-State-Zip: | MIAMI FL 33152                                |                 |                    |

*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:** ROLANDO DUARTE

**MANAGER**

**03/12/2016**

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

\_\_\_\_\_  
Date