

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125608

**Entity Name:** ANCABALYRI I, LLC

**Current Principal Place of Business:**

6801 COLLINS AVENUE,  
APT # LPH16  
MIAMI, FL 33141

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC1911577068**

**Current Mailing Address:**

% ALEXANDRE PIQUET / PIQUET LAW FIRM PA  
801 BRICKELL AVENUE, SUITE 1610  
MIAMI, FL 33131

**FEI Number: 99-0370631**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 SCHILLING MINUZZI, ANTONIO  
CARLOS  
Address 801 BRICKELL AVENUE, SUITE 1610  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MINUZZI, LYANE KUNDE  
Address 801 BRICKELL AVENUE, SUITE 1610  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ANTONIO CARLOS SCHILLING  
MINUZZI FILHO  
Address 801 BRICKELL AVENUE, SUITE 1610  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MINUZZI, BARBARA KUNDE  
Address 801 BRICKELL AVENUE, SUITE 1610  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MINUZZI, RICARDO KUNDE  
Address 801 BRICKELL AVENUE, SUITE 1610  
City-State-Zip: MIAMI FL 33131

*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: ANTONIO CARLOS SCHILLING MINUZZI**

**MGR**

**04/15/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date