

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000038809

**Entity Name:** ALICA ENTERPRISES, LLC**Current Principal Place of Business:**253 NE 2ND AVENUE  
612  
MIAMI, FL 33132**Current Mailing Address:**500 BAYVIEW DRIVE  
220  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 45-4877541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONIER, JUAN C  
253 NE 2ND AVENUE  
612  
MIAMI, FL 33132 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 ANDREOTTI, ALICIA B  
Address 253 NE 2ND AVENUE # 612  
City-State-Zip: MIAMI FL 33132

Title MGMR  
Name MONIER, JUAN C  
Address 253 NE 2ND AVENUE # 612  
City-State-Zip: MIAMI FL 33132

Title DIR  
Name MONIER, JIMENA  
Address 253 NE 2ND AVENUE # 612  
City-State-Zip: MIAMI FL 33132

Title CEO  
Name MONIER, EZEQUIEL  
Address 253 NE 2ND AVENUE # 612  
City-State-Zip: MIAMI FL 33132

Title CFO  
Name MONIER, RODRIGO  
Address 253 NE 2ND AVENUE # 612  
City-State-Zip: MIAMI FL 33132

Title MANAGING MEMBER  
Name MINONES, CLAUDIO A  
Address 500 BAYVIEW DRIVE  
220  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN C. MONIER

MGMR

09/16/2013

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