2015 FLORIDA LIMITED LIABILITY COMPANY 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

SUNNY ISLES BEACH, FL 33160 US

FEI Number: 45-4877541 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINONES, CLAUDIO A 500 BAYVIEW DRIVE

220

SUNNY ISLES BEACH, FL 33160 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: CLAUDIO A MINONES 01/12/2015

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGRM Title **MGMR**

Name ANDREOTTI, ALICIA B Name MONIER, JUAN C

253 NE 2ND AVENUE 253 NE 2ND AVENUE # 612 Address Address

612 City-State-Zip: MIAMI FL 33132

City-State-Zip: MIAMI FL 33132

Title **MANAGER** Title **MANAGER**

Name MONIER, EZEQUIEL Name MONIER, JIMENA Address 253 NE 2ND AVENUE

Address 500 BAYVIEW DRIVE 612

City-State-Zip: MIAMI FL 33132 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED REPRESENTATIVE Title MANAGER

Name MINONES, CLAUDIO A MONIER, RODRIGO Name Address 500 BAYVIEW DRIVE

253 NE 2ND AVENUE Address 220

City-State-Zip:

City-State-Zip: MIAMI FL 33132

Title

MANAGER

Address 253 NE 2ND AVENUE

MONIER. DIEGO G

612

612

Name

MIAMI FL 33132 City-State-Zip:

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: CLAUDIO A. MINONES

AUTHORIZED REPRESENTATIVE

SUNNY ISLES BEACH FL 33160

01/12/2015

FILED Jan 12, 2015

Secretary of State

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