

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000041461

**Entity Name:** KOEX LLC**Current Principal Place of Business:**2525 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33134 US**FEI Number:** 45-4883975**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEGORGEU, JOSE IG SR.  
2525 PONCE DE LEON BLVD  
SUITE 300  
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:** JOSE IGNACIO LEGORGEU

04/29/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	LEGORGEU, JOSE I
Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134
Title	MGR
Name	ASTORQUI SARASUA, LUIS
Address	C/ MAR MEDITERRANEO, 61 1C
City-State-Zip:	28221 MAJADAHONDA MAD. SPAIN XXXXX-XXXX

Title	MGRM
Name	KOEX DISTRIBUCION INTEGRAL SL
Address	C/ DELCO 1-3, 3 PLANTA
City-State-Zip:	28914 LEGANES MADRID SPAIN XXXXX-XXXX
Title	MGR
Name	PEREZ SANZ, SEBASTIAN
Address	C/ MAR MEDITERRANEO, 73 1B
City-State-Zip:	28221 MAJADAHONDA MAD. SPAIN XXXXX-XXXX

*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:** JOSE IGNACIO LEGORGEU**MANAGER**

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date