

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000108731

**Entity Name:** WAMEX SECURE, LLC

**Current Principal Place of Business:**

TWO SOUTH BISCAYNE BOULEVARD, SUITE 1900  
MIAMI, FL 33131

**Current Mailing Address:**

TWO SOUTH BISCAYNE BOULEVARD, SUITE 1900  
MIAMI, FL 33131 US

**FEI Number:** 46-1069510

**Certificate of Status Desired:** No

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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 DEL VALLE, SERGIO  
Address TWO SOUTH BISCAYNE BOULEVARD,  
SUITE 1900  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name WARNHOLTZ, CHRISTIAN  
Address TWO SOUTH BISCAYNE BOULEVARD,  
SUITE 1900  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name CONTRERAS, JOSE A  
Address TWO SOUTH BISCAYNE BOULEVARD,  
SUITE 1900  
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:** SERGIO DEL VALLE

**MANAGER**

**03/26/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date