

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127191

**Entity Name:** MITAD DEL MUNDO, LLC

**Current Principal Place of Business:**

11233 BEACH BLVD  
SUITE # 4  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

11233 BEACH BLVD  
SUITE # 4  
JACKSONVILLE, FL 32246 US

**FEI Number:** 46-1127099

**Certificate of Status Desired:** No

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

VASQUEZ, PATRICIO A  
5822 POMPANO DRIVE  
JACKSONVILLE, FL 32277 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 GRANJA, ANGEL W  
Address 12297 SALVIA CT.  
City-State-Zip: JACKSONVILLE FL 32218

Title MGRM  
Name VASQUEZ, PATRICIO A  
Address 5822 POMPANO DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title MGRM  
Name VASQUEZ, AMBER M  
Address 5822 POMPANO DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title MGRM  
Name MOSCOSO, FANNY C  
Address 12297 SALVIA CT.  
City-State-Zip: JACKSONVILLE FL 32218

*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:** AMBER VASQUEZ

MGMR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date