

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134556

**Entity Name:** INDUSTRIA ALIMENTARIA DEL ATLANTICO, LLC

**Current Principal Place of Business:**

C/O 355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC5125161824**

**Current Mailing Address:**

C/O 355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 801  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name NABOR MAROLLA, CARLOS  
Address C/ALBATROS, 3, TORRE EN CONILL,  
BETERA  
City-State-Zip: VALENCIA SP 46117

Title MGR  
Name MAROLLA, SEBASTIAN E  
Address C/ALBATROS, 3, TORRE EN CONILL,  
BETERA  
City-State-Zip: VALENCIA SP 46117

*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: SEBASTIAN E MAROLLA**

**MGR**

**04/27/2018**

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

\_\_\_\_\_  
Date