

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000020251

**Entity Name:** MPS AF HOLDINGS, LLC

**Current Principal Place of Business:**

333 NE 24TH STREET  
SUITE 209  
MIAMI, FL 33137

**Current Mailing Address:**

333 NE 24TH STREET  
SUITE 209  
MIAMI, FL 33137 US

**FEI Number:** 46-1986202

**Certificate of Status Desired:** No

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

METRO CONSULTING & MANAGEMENT, INC.  
333 NE 24TH STREET  
SUITE 209  
MIAMI, FL 33137 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 MARTINEZ, JUAN M  
Address 333 NE 24TH STREET, SUITE 209  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name ARAVENA, RICARDO  
Address 333 NE 24TH STREET, SUITE 209  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name ARAVENA, MARCO A  
Address 333 NE 24TH STREET, SUITE 209  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name FORERO, HERNANDO  
Address 333 NE 24TH STREET, SUITE 209  
City-State-Zip: MIAMI FL 33137

*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:** JUAN M MARTINEZ

MGR

04/19/2016

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

\_\_\_\_\_  
Date