2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000025171 Entity Name: VEN WAY, LLC

Current Principal Place of Business:

3257 NW 7TH AVE CIR MIAMI. FL 33127

Current Mailing Address:

3257 NW 7TH AVE CIR MIAMI, FL 33127 US

FEI Number: 30-0786355 Certificate of Status Desired: No

FILED Mar 09, 2017

Secretary of State

CC7289937478

Date

Date

Name and Address of Current Registered Agent:

BRITES PENA, MARIA E 3257 NW 7TH AVE CIR MIAMI, FL 33127 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: MARIA BRITES PENA 03/09/2017

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Title MGR

BRITES PENA, MARIA E ANDRADE ROJO, JOSE L Name Name 3257 NW 7TH AVE CIR Address 3257 NW 7TH AVE CIR Address

City-State-Zip: MIAMI FL 33127 MIAMI FL 33127 City-State-Zip:

AUTHORIZED MEMBER Title Title **AUTHORIZED MEMBER** Name CHALVIEN RIZZI, IRMA L ANDRADE ROJO, MARIA E Name Address 3257 NW 7TH AVE CIR Address 3257 NW 7TH AVE CIR MIAMI FL 33127 City-State-Zip: City-State-Zip: MIAMI FL 33127

AUTHORIZED MEMBER Title Title **AUTHORIZED MEMBER**

Name ANDRADE BRITES, DEBORAH GALVIS VANEGAS, MARIA Y Name

Address 3257 NW 7TH AVE CIR 3257 NW 7TH AVE CIR Address

City-State-Zip: MIAMI FL 33127 MIAMI FL 33127 City-State-Zip:

Title **AUTHORIZED MEMBER**

PEREZ HERNANDEZ, EDWARD F Name

3257 NW 7TH AVE CIR Address City-State-Zip: MIAMI FL 33127

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.

03/09/2017 SIGNATURE: MARIA BRITES PENA **MGR**

Electronic Signature of Signing Authorized Person(s) Detail