

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000029098

**Entity Name:** LOS 4 PANAS LLC**Current Principal Place of Business:**8725 NW 18TH TER STE 409  
DORAL, FL 33172**Current Mailing Address:**8725 NW 18TH TER STE 409  
DORAL, FL 33172 US**FEI Number:** 46-2122570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERNANDEZ, SAIDIN MESQ  
8725 NW 18TH TER STE 409  
DORAL, FL 33172 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	GUERRA, OSWALDO
Address	8725 NW 18TH TER STE 409
City-State-Zip:	DORAL FL 33172

Title	MGR
Name	ONORATO, AGUSTINO
Address	8725 NW 18TH TER STE 409
City-State-Zip:	DORAL FL 33172

Title	MGR
Name	ONORATO, ANTONIO
Address	8725 NW 18TH TER STE 409
City-State-Zip:	DORAL FL 33172

Title	MGR
Name	FERNANDEZ, JUAN J
Address	8725 NW 18TH TER STE 409
City-State-Zip:	DORAL FL 33172

*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:** ANTONIO ONORATO

MGR

04/29/2014

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