I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am a managing member or manager of the limited liability company or the receiver o that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ODALYS ALFONSO	MGRM	06/30/2015

SIGNATURE: ODALYS ALFONSO

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILIT	Y COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000043645

Entity Name: ASTURIA LIQUOR STORE, LLC

Current Principal Place of Business:

4687 W. FLAGLER STREET CORAL GABLES, FL 33134

Current Mailing Address:

4687 W. FLAGLER STREET CORAL GABLES. FL 33134

FEI Number: 46-2354164

Name and Address of Current Registered Agent:

ALVAREZ, FAUSTO 2828 CORAL WAY STE: 300 MIAMI, FL 33145 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

Authorized Person(s) Detail :

)
R ST

CC5934490190

Date

FILED Jun 30, 2015

Secretary of State

Certificate of Status Desired: No

Date