

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000082098

**Entity Name:** PHIMICO COMPANY, LLC**Current Principal Place of Business:**8800 SW 72ND STREET  
MIAMI, FL 33173**Current Mailing Address:**8800 SW 72ND STREET  
MIAMI, FL 33173**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHU, LIH NUW  
8800 SW 72ND STREET  
MIAMI, FL 33173 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:** LIH NUW CHU

06/24/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name CHU, LIH NUW  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name YE, ZENG SHOU  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name LAU, WAI CHUN  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name CHEN, XU  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name DING, WEI  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name LAM, KIN SAN  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name CHEN, JUAN  
Address 8800 SW 72ND STREET  
City-State-Zip: MIAMI FL 33173

Title MEMBER  
Name LIN, WEI  
Address 5846 213TH STREET  
City-State-Zip: BAYSIDE HILLS NY 11364

**Continues on page 2**

*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:** LIH NUW CHU

MEMBER

06/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name LAU, KAN  
Address 18990 SW 39TH CT  
City-State-Zip: MIRAMAR FL 33029

Title MEMBER  
Name HUANG, LI PING  
Address 10831 NW 80TH LANE  
City-State-Zip: DORAL FL 33178

Title MEMBER  
Name LEE, ANTONIO  
Address 15043 SW 9TH LN  
City-State-Zip: MIAMI FL 33194