

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086496

**Entity Name:** MAICAMACUTO, LLC

**Current Principal Place of Business:**

3919 VISTA GROVE LN  
WESTON, FL 33332

**Current Mailing Address:**

3919 VISTA GROVE LN  
WESTON, FL 33332 US

**FEI Number: 30-0787580**

**Certificate of Status Desired: No**

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

SILVAS FINANCIAL SERVICES LLC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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            MGRM  
Name            BARNOLA, JOSE P  
Address        3919 VISTA GROVE LN  
City-State-Zip: WESTON FL 33332

Title            MGRM  
Name            SERRANO, NURIA  
Address        3919 VISTA GROVE LN  
City-State-Zip: WESTON FL 33332

*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: JOSE P BARNOLA**

**MGRM**

**02/13/2014**

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

\_\_\_\_\_  
Date