

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000105651

FILED
Jan 22, 2018
Secretary of State
CC5035670229

Entity Name: CENTRO DE INVERSIONES CORPESA SRL LLC

Current Principal Place of Business:

4753 NW 22ND STREET
42103
COCONUT CREEK, FL 33063

Current Mailing Address:

7901 NW 82ND TER
PARKLAND, FL 33067 US

FEI Number: 46-3267838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, CESAR A
7901 NW 82ND TER.
PARKLAND, FL 33067 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: CESAR A PEREZ

01/22/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name COLLADO, JOHNNY
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM
Name PENA, CARLOS R
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM
Name CORDERO, ANGEL E
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM
Name SANTANA, HUMBERTILIO
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM
Name SANTANA, MAYOBANEX
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM
Name VARONA, ELIDO
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM
Name DOMINGUEZ, MAXIMO
Address 4753 NW 22ND STREET
42103
City-State-Zip: COCONUT CREEK FL 33063

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: CARLOS PENA

MGRM

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date