

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106696

**Entity Name:** CLOWNFISH LLC

**Current Principal Place of Business:**

290 NW 165TH STREET  
PH 5  
MIAMI, FL 33169

**Current Mailing Address:**

290 NW 165TH STREET  
PH 5  
MIAMI, FL 33169 US

**FEI Number:** 32-0416683

**Certificate of Status Desired:** No

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

MELLINGER, DARIN W ESQ  
1200 NORTH FEDERAL HIGHWAY  
200  
BOCA RATON, FL 33432 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 DI FABIO, ANDREA C  
Address 290 NW 165TH STREET  
PH 5  
City-State-Zip: MIAMI FL 33169

Title MGRM  
Name SOTERO CANALES, ALVARO A  
Address 290 NW 165TH STREET  
PH 5  
City-State-Zip: MIAMI FL 33169

*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:** DI FABIO , ANDREA C

MGRM

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date