

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114030

**Entity Name:** NARVAEZ JARA, LLC.

**Current Principal Place of Business:**

4720 NW 114TH AVE, APT. 202  
DORRAL, FL 33178

**Current Mailing Address:**

4720 NW 114TH AVE, APT. 202  
DORRAL, FL 33178

**FEI Number:** 46-3436671

**Certificate of Status Desired:** No

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

NARVAEZ, HAROLD  
4720 NW 114TH AVE, APT. 202  
DORRAL, FL 33178 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 NARVAEZ, HAROLD  
Address 4720 NW 114TH AVE, APT. 202  
City-State-Zip: DORRAL FL 33178

Title MGRM  
Name JARA GARCIA, ALISSON  
Address 4720 NW 114TH AVE, APT. 202  
City-State-Zip: DORRAL FL 33178

*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:** HAROLD NARVAEZ

**MANAGER**

**04/04/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date