

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000143642

**Entity Name:** BITUVEN CA LLC**Current Principal Place of Business:**2020 PONCE DE LEON BLVD  
SUITE 1204  
CORAL GABLES, FL 33134**Current Mailing Address:**2020 PONCE DE LEON BLVD  
SUITE 1204  
CORAL GABLES, FL 33134 US**FEI Number:** 46-3858336**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GY CORPORATE SERVICES, INC.  
600 BRICKELL AVENUE  
SUITE 3500  
MIAMI, FL 33131 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:** JESUS IGLESIAS

01/25/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name IGLESIAS, JESUS  
Address 2020 PONCE DE LEON BLVD  
SUITE 1204  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name HUISMAN, STEPHEN  
Address 2020 PONCE DE LEON BLVD  
SUITE 1204  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, MANAGER  
Name IGLESIAS, ENA  
Address 2020 PONCE DE LEON BLVD  
SUITE 1204  
City-State-Zip: CORAL GABLES FL 33134

Title CONTROLLER  
Name DORMOI, JOSE  
Address 2020 PONCE DE LEON BLVD  
SUITE 1204  
City-State-Zip: CORAL GABLES FL 33134

Title ASST. SECRETARY  
Name SUCRE, LUZ  
Address 2020 PONCE DE LEON BLVD  
SUITE 1204  
City-State-Zip: CORAL GABLES FL 33134

*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:** LUZ SUCRE

ASST. SECRETARY

01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date