

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000153079

**Entity Name:** VABARCELONA, LLC

**Current Principal Place of Business:**

19443 40 COURT  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

C/O IWPS  
110 MERRICK WAY 2A  
CORAL GABLES, FL 33134 US

**FEI Number:** 90-1033276

**Certificate of Status Desired:** No

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

C.A. CORPORATE SERVICES, INC.  
9031 SW 162 COURT  
MIAMI, FL 33196 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	Title	MGRM
Name	IHNS, RUDOLPH	Name	DE OLIVEIRA BELLO PI, VALERIA
Address	19443 40 COURT	Address	19443 40 COURT
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	AUTHORIZED REPRESENTATIVE		
Name	INTERNATIONAL WEALTH PLANNING SOLUTIONS, LLC		
Address	C/O IWPS 110 MERRICK WAY 2A		
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:** OCTAVIO MESTRE

**DIRECTOR**

**04/30/2014**

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

\_\_\_\_\_  
Date