

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000156590

**Entity Name:** AMCE URU LLC**Current Principal Place of Business:**16711 COLLINS AVENUE  
802  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**990 BISCAYNE BLVD  
OFFICE 701  
MIAMI, FL 33132 US**FEI Number:** 46-4059190**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIDUCIAL JADE INC  
990 BISCAYNE BLVD  
OFFICE 701  
MIAMI, FL 33132 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:** OLIVIER SUREAU

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AMSELLEM, SAMY  
Address 13 BIS RUE GABRIEL PERI  
City-State-Zip: MONTROUGE . 92120

Title MGRM  
Name AMSELLEM, EVE  
Address 13 BIS RUE GABRIEL PERI  
City-State-Zip: MONTROUGE . 92120

Title MGRM  
Name AMSELLEM, DAN  
Address 13 BIS RUE GABRIEL PERI  
City-State-Zip: MONTROUGE . 92120

Title MGRM  
Name AMSELLEM, MICKHAEL  
Address 13 BIS RUE GABRIEL PERI  
City-State-Zip: MONTROUGE . 92120

Title MGRM  
Name AMSELLEM, EMMANUEL  
Address 13 BIS RUE GABRIEL PERI  
City-State-Zip: MONTROUGE . 92120

Title MGRM  
Name AMSELLEM, GINETTE  
Address 13 BIS RUE GABRIEL PERI  
City-State-Zip: MONTROUGE . 92120

*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:** AMSELLEM SAMY

MGRM

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date