

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163065

**Entity Name:** BORN GROUP FD, LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE  
SUITE 504  
MIAMI, FL 33131

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC2638883113**

**Current Mailing Address:**

501 BRICKELL KEY DRIVE  
SUITE 504  
MIAMI, FL 33131 US

**FEI Number:** 46-4534518

**Certificate of Status Desired:** Yes

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

DADE CORPORATE SERVICES, INC.  
2300 CORAL WAY  
MIAMI, FL 33145 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 MGR  
Name CABRERA, MAGLY  
Address 501 BRICKELL KEY DRIVE, SUITE 504  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LLANSO, MARIA DOLORES  
Address 8440 SW 48 STREET  
City-State-Zip: MIAMI FL 33155

Title MANAGER  
Name LLANSO, ENRIQUE  
Address 8440 SW 48 STREET  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name LLANSO, MARIA D  
Address 8440 SW 48 STREET  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name LLANSO, ENRIQUE  
Address 8440 SW 48 STREET  
City-State-Zip: MIAMI FL 33155

*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:** MAGLY CABRERA

**MGR**

**04/16/2015**

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

\_\_\_\_\_  
Date