#### 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

## SIGNATURE: RIERA REINALDO

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 7855 NW 12TH STREET 214

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

**CBA MIAMI LLC** 7855 NW 12TH STREET 214 DORAL, FL 33126 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	: JAIME REYES			05/01/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	RIERA, REINALDO	Name	RIERA, REINALDO J	
Address	17555 COLLINS AVE. # 1702	Address	17555 COLLINS AVE. # 1702	
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 331	60
Title	MGR			
Name	HERNANDEZ, ISABEL M			
Address	17555 COLLINS AVE. # 1702			
City-State-Zip:	SUNNY ISLES BEACH FL 33160			

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. MANAGER

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000034077

Entity Name: INVERSIONES LA GOMERA LLC

# **Current Principal Place of Business:**

7855 NW 12TH STREET 214 DORAL, FL 33126

DORAL, FL 33126 US

### FEI Number: 46-5197439

05/01/2018

FILED May 01, 2018 Secretary of State CC7300031876

Date