

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000069817

**Entity Name:** INVERSIONES ART CONCEPT, LLC

**Current Principal Place of Business:**

7270 NW 12 STREET  
STE 560  
MIAMI, FL 33126

**Current Mailing Address:**

7270 NW 12 STREET  
STE 560  
MIAMI, FL 33126

**FEI Number:** 30-0828448

**Certificate of Status Desired:** No

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

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE STE 500  
CORAL GABLES, FL 33134 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                       | Title           | MGR                       |
| Name            | FRANGIE PORRAS, SALIM     | Name            | FRANGIE PORRAS, ABALAN    |
| Address         | 7270 NW 12 STREET STE 560 | Address         | 7270 NW 12 STREET STE 560 |
| City-State-Zip: | MIAMI FL 33126            | City-State-Zip: | MIAMI FL 33126            |

*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:** SALIM FRANGIE PORRAS

MGR

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date