## SIGNATURE: OSCAR J. VILA

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

Electronic Signature of Signing Authorized Person(s) Detail

8323 NW 12TH STREET SUITE 202 DORAL, FL 33126 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FEI Number: 47-2043558

**Current Mailing Address:** 

DOCUMENT# L14000151181

8323 NW 12TH STREET

SUITE 202 DORAL, FL 33126

Entity Name: CROWN LIQUORS III, LLC

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VILA, OSCAR J 201 ALHAMBRA CIRCLE SUITE 702 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:

## Authorized Person(s) Detail ·

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	SOUTO, JOSE E	Name	MACEDO RODRIGUEZ, JAVIER
Address	201 ALHAMBRA CIRCLE SUITE 702	Address	201 ALHAMBRA CIRCLE SUITE 702
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR/AP		
Name	VILA, OSCAR J		
Address	201 ALHAMBRA CIRCLE SUITE 702		
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

DIRECTOR/AP

Certificate of Status Desired: No

02/18/2019

Date

Date