

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000151212

**Entity Name:** INVERSIONES FAROMAR, LLC

**Current Principal Place of Business:**

357 ALMERIA AVENUE  
SUITE 1402  
CORAL GABLES, FL 33134

**Current Mailing Address:**

357 ALMERIA AVENUE  
SUITE 1402  
CORAL GABLES, FL 33134

**FEI Number:** 32-0450280

**Certificate of Status Desired:** No

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

TORRES & VADILLO, LLP  
11402 NW 41 STREET, #202  
DORAL, FL 33178 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 COCCIA DE MILILLI, ROSA M  
Address 357 ALMERIA AVENUE, SUITE 1402  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name COCCIA, MARCO A  
Address 357 ALMERIA AVENUE, SUITE 1402  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name COCCIA, FABRICIA  
Address 357 ALMERIA AVENUE, SUITE 1402  
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 that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSA M COCCIA DE MILILLI

**MANAGER**

**03/25/2015**

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

\_\_\_\_\_  
Date