

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000056936

**Entity Name:** MISION NORTE LLC

**Current Principal Place of Business:**

1674 BAY ROAD  
202  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

780 NE 69TH ST  
2505  
MIAMI, FL 33138 US

**FEI Number:** 35-4806607

**Certificate of Status Desired:** No

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

LEPIANE, LEONARDO D  
780 NE 69TH ST  
2505  
MIAMI, FL 33138 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           | AMBR                  | Title           | AMBR                  |
| Name            | ORIA, MARTIN A        | Name            | VELY, MARIA A         |
| Address         | 1674 BAY ROAD APT 202 | Address         | 1674 BAY ROAD APT 202 |
| City-State-Zip: | MIAMI BEACH FL 33139  | City-State-Zip: | MIAMI BEACH FL 33139  |

*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:** MARTIN A ORIA

AMBR

04/09/2018

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

\_\_\_\_\_  
Date