

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000058046

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC9184048131**

**Entity Name:** RIBFTL LLC

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131 US

**FEI Number:** 47-3668977

**Certificate of Status Desired:** No

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

ZARCO EINHORN SALKOWSKI & BRITO PA  
2 SOUTH BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131 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 MGRM  
Name ZARCO, ROBERT  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3400  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name ZARCO, ISIDORO  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3400  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name ZARCO, BRANDON  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3400  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name ZARCO, ZELDA A  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3400  
City-State-Zip: MIAMI FL 33131

*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:** ROBERT ZARCO

**MBR**

**04/09/2018**

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

\_\_\_\_\_  
Date