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: MACARENA LUZ BIANCHI

Electronic Signature of Signing Authorized Person(s) Detail

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SIGNATURE:	D	ΟN	D	٩RF	RACI	Η		
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Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR
Name	BIANCHI, MACARENA L
Address	2020 NW 89TH PLACE
City-State-Zip:	DORAL FL 33172

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000067512

Entity Name: MACARENA LUZ BIANCHI, LLC

Current Principal Place of Business:

2020 NW 89TH PLACE DORAL, FL 33172

Current Mailing Address:

2020 NW 89TH PLACE DORAL, FL 33172

FEI Number: 47-3910827

Name and Address of Current Registered Agent:

DARRACH, DON 2020 NW 89TH PLACE DORAL, FL 33172 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.

Certificate of Status Desired: No

02/04/2016 Date

02/04/2016 Date

FILED Feb 04, 2016 Secretary of State CC2563355811

ning Authorized Person(s) Detail

PRESIDENT