

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000105763

Entity Name: MOTAGUA HIALEAH (USA), LLC**Current Principal Place of Business:**1313 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134**Current Mailing Address:**1313 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134**FEI Number:** 47-4437145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JENNIFER A MARQUES, P.A.
1313 PONCE DE LEON BLVD., SUITE 301
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:** JENNIFER A MARQUES

07/17/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	FERNANDEZ LOPEZ, RAUL F
Address	1313 PONCE DE LEON BLVD., SUITE 301
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	TACATIC DE FERNANDEZ, LISBETH I
Address	1313 PONCE DE LEON BLVD., SUITE 301
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	FERNANDEZ TACATIC, EMILY M
Address	1313 PONCE DE LEON BLVD., SUITE 301
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	FERNANDEZ TACATIC, RAUL E
Address	1313 PONCE DE LEON BLVD., SUITE 301
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: RAUL F FERNANDEZ LOPEZ

MGR

07/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date