

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131974

**Entity Name:** TROPICAMEX, LLC

**Current Principal Place of Business:**

18167 BISCAYNE BLVD  
AVENTURA, FL 33160

**Current Mailing Address:**

18167 BISCAYNE BLVD  
AVENTURA, FL 33160

**FEI Number:** 47-4718655

**Certificate of Status Desired:** No

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

OLIVO, CESAR  
18167 BISCAYNE BLVD  
AVENTURA, FL 33160 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	Title	MGR
Name	OLIVO, CESAR	Name	PEREZ-BENATAR, ADRIANA
Address	18167 BISCAYNE BLVD	Address	18167 BISCAYNE BLVD
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160

Title	MGR
Name	PEREZ-BENATAR, SAMUEL
Address	18167 BISCAYNE BLVD
City-State-Zip:	AVENTURA FL 33160

*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:** CESAR OLIVO

COO

01/25/2016

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

\_\_\_\_\_ Date