

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000181930

**Entity Name:** NAVITRADE INTERNATIONAL LLC

**Current Principal Place of Business:**

8550 NW 17 STREET  
SUITE 110A  
MIAMI, FL 33126

**Current Mailing Address:**

8550 NW 17 STREET  
SUITE 110A  
MIAMI, FL 33126

**FEI Number:** 47-5432692

**Certificate of Status Desired:** No

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

DEL REY, ALICIA  
8550 NW 17 STREET  
SUITE 110A  
DORAL, FL 33126 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  
Name YANEZ, GABRIEL  
Address 8550 NW 17 STREET, SUITE 110A  
City-State-Zip: DORAL FL 33126

Title MGR  
Name ZANZOTTERA, GUSTAVO  
Address 8550 NW 17 STREET, SUITE 110A  
City-State-Zip: DORAL FL 33126

Title MGR  
Name DEL REY, ALICIA  
Address 8550 NW 17 STREET, SUITE 110A  
City-State-Zip: DORAL FL 33126

Title MGRM  
Name NAVICON INTERNATIONAL, LLC  
Address 8550 NW 17 STREET, SUITE 110A  
City-State-Zip: DORAL FL 33126

*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:** ALICIA DEL REY

**MGR**

**04/20/2016**

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

\_\_\_\_\_  
Date