

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000031443

**Entity Name:** ASTRALUZ LLC

**Current Principal Place of Business:**

5000 NW 36TH STREET  
SUITE # 288  
MIAMI, FL 33166

**Current Mailing Address:**

304 INDIAN TRACE  
SUITE # 225  
WESTON, FL 33326 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AGENT TRUSTEE SERVICES LLC  
2600 S. DOUGLAS ROAD,  
SUITE # 501  
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:** EDUARDO MENDEZ

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAMIREZ DE AGUILAR, GABRIELA  
Address 304 INDIAN TRACE SUITE # 225  
City-State-Zip: WESTON FL 33326

Title MGR  
Name BETANCOURT, ALEJANDRO  
Address 304 INDIAN TRACE SUITE # 225  
City-State-Zip: WESTON FL 33326

Title MGR  
Name AGUILAR, EDUARDO M  
Address 304 INDIAN TRACE SUITE # 225  
City-State-Zip: WESTON FL 33326

*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:** ALEJANDRO BETANCOURT

MGR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date