

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000058570

**Entity Name:** COMO ID LLC

**Current Principal Place of Business:**

233 S FEDERAL HWY  
#UPH05  
BOCA RATON, FL 33432

**Current Mailing Address:**

233 S FEDERAL HWY  
#UPH05  
BOCA RATON, FL 33432 US

**FEI Number:** 81-1988099

**Certificate of Status Desired:** No

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

MONAHAN, ROARK R CPA  
200 S BISCAYNE BLVD  
STE 2700  
MIAMI, FL 33131 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:** ROARK R. MONAHAN, CPA

04/07/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CAPIELLO, ALEXANDRA  
Address 17004 SW 51 CT  
City-State-Zip: MIRAMAR FL 33027  
  
Title MGR  
Name GERDEL CASTELLANOS, CHARLOTTE  
Address CALLE LOS PENONES, QUINTA  
MARILENE  
City-State-Zip: LA TRINIDAD VE 1060

Title MGR  
Name SALVATIERRA BENAVIDES, MANUELA  
Address EDIF GUADARRAMA PISO 11, APTO  
112  
City-State-Zip: CARACAS 1060  
  
Title MGR  
Name SALVATIERRA BENAVIDE, JIMENA  
Address CALLE LA CALZADA EL NOGAL, RES.  
N 12  
City-State-Zip: SAN SALVADOR - -

*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:** CAPIELLO , ALEXANDRA

MGR

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date