

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000071135

Entity Name: THE CANALES INVESTMENTS, LIMITED LIABILITY COMPANY**Current Principal Place of Business:**9360 S.W. 164TH ST.
MIAMI, FL 33157**Current Mailing Address:**9360 S.W. 164TH ST.
MIAMI, FL 33157 US**FEI Number: 46-1203200****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TALAVERA CATALANO, MARIA VICTORIA
9360 S.W. 164TH ST.
MIAMI, FL 33157 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 | P |
| Name | CATALANO DE TALAVERA, VICTORIA |
| Address | 9360 S.W. 164TH ST. |
| City-State-Zip: | MIAMI FL 33157 |

| | |
|-----------------|--------------------------------|
| Title | MGR |
| Name | TALAVERA CATALANO, JUAN JOSE F |
| Address | 9360 S.W. 164TH ST. |
| City-State-Zip: | MIAMI FL 33157 |

| | |
|-----------------|-----------------------------------|
| Title | MGR |
| Name | TALAVERA CATALANO, MARIA VICTORIA |
| Address | 9360 S.W. 164TH ST. |
| City-State-Zip: | MIAMI FL 33157 |

| | |
|-----------------|--------------------------------|
| Title | MGR |
| Name | TALAVERA CATALANO, JUAN CARLOS |
| Address | 9360 S.W. 164TH ST. |
| City-State-Zip: | MIAMI FL 33157 |

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: MARIA VICTORIA TALAVERA CATALANO**MANAGER****03/28/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date