

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000099401

**Entity Name:** TWIN FLOWERS GROUP LLC

**Current Principal Place of Business:**

1200 BRICKELL AVE  
SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

1015 SPANISH RIVER RD  
SUITE 414  
BOCA RATON, FL 33432 US

**FEI Number:** 81-2722469

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 GARCIA AGUILAR, JUAN CARLOS  
Address 1015 SPANISH RIVER RD  
SUITE 414  
City-State-Zip: BOCA RATON FL 33432

Title MGR  
Name VELOSO, CLOMAR SALETE  
Address 1015 SPANISH RIVER RD  
SUITE 414  
City-State-Zip: BOCA RATON FL 33432

Title S  
Name GARCIA AGUILAR, JUAN CARLOS  
Address 1015 SPANISH RIVER RD  
SUITE 414  
City-State-Zip: BOCA RATON FL 33432

Title AUTHORIZED REPRESENTATIVE  
Name GARCIA, FABIO EDUARDO  
Address CARRERA 24A # 4-30  
MIRAFLORES  
City-State-Zip: CALI VALLE DEL CAUCA

*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:** JUAN CARLOS GARCIA AGUILAR

**MANAGING DIRECTOR**

**01/10/2018**

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

\_\_\_\_\_  
Date