

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000112449

**Entity Name:** SAILING CATA LLC

**Current Principal Place of Business:**

6355 NW 36TH ST  
503  
VIRGINIA GARDENS, FL 33166-7027

**Current Mailing Address:**

6355 NW 36TH ST  
503  
VIRGINIA GARDENS, FL 33166-7027 US

**FEI Number:** 81-2904503

**Certificate of Status Desired:** No

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

POSSELT, NICOLAS H  
6355 NW 36TH ST  
503  
VIRGINIA GARDENS, FL 33166-7027 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 AMBR  
Name POSSELT, NICOLAS H  
Address 6355 NW 36TH ST STE 503  
City-State-Zip: VIRGINIA GARDENS FL 33166-7027

Title MGR  
Name BOROWICZ, BOB A  
Address 6355 NW 36TH ST STE 503  
City-State-Zip: VIRGINIA GARDENS FL 33166-7027

Title MGR  
Name DUHALDE, RAUL A  
Address 6355 NW 36TH ST STE 503  
City-State-Zip: VIRGINIA GARDENS FL 33166-7027

Title MGR  
Name PARADA, CARLOS  
Address 6355 NW 36TH ST STE 503  
City-State-Zip: VIRGINIA GARDENS FL 33166-7027

Title MGR  
Name SAAVEDRA CONCHA, MATIAS JAVIER  
Address 6355 NW 36TH ST STE 503  
City-State-Zip: VIRGINIA GARDENS FL 33166-7027

*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:** NICOLAS POSSELT

AMBR

02/23/2017

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

\_\_\_\_\_  
Date