

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000135248

Entity Name: MIA POP'S LLC**Current Principal Place of Business:**245 S STATE RD 7
PLANTATION , FL 33317**Current Mailing Address:**245 S STATE RD 7
PLANTATION , FL 33317 US**FEI Number:** 81-3466603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NALLAR NODA, VADIR
245 S STATE RD 7
PLANTATION , FL 33317 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:** VADIR NALLAR NODA

11/02/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	AMBR
Name	NALLAR NODA, VADIR	Name	NALLAR NODA, JORGE A
Address	18508 SW 132 PL	Address	245 S STATE RD 7
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	PLANTATION FL 33317
Title	AMBR	Title	AMBR
Name	MORALES TOLEDO, VICTOR H	Name	ROCA ORTIZ, ESTEBAN
Address	245 S STATE RD 7	Address	245 S STATE RD 7
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317
Title	AMBR	Title	AMBR
Name	FRERKING, WALTER A	Name	AGUILERA, ELIANA
Address	245 S STATE RD 7	Address	245 S STATE RD 7
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317
Title	AMBR		
Name	VILLAVICENCIO, GISELLA		
Address	245 S STATE RD 7		
City-State-Zip:	PLANTATION FL 33317		

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: VADIR NALLAR NODA

PRESIDENT

11/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date