

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185092

**Entity Name:** ANGERONA GROUP ADMINISTRATION, LLC

**Current Principal Place of Business:**

7101 SW 112 PLACE  
MIAMI, FL 33173

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC1399050158**

**Current Mailing Address:**

C/O IWPS  
PO BOX 830726  
MIAMI, FL 33283 US

**FEI Number:** 37-1839169

**Certificate of Status Desired:** No

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

C.A. CORPORATE SERVICES, INC.  
7101 SW 112 PLACE  
MIAMI, FL 33173 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:** OCTAVIO MESTRE

05/01/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MESTRE, OCTAVIO  
Address        C/O IWPS  
                  PO BOX 830726  
City-State-Zip: MIAMI FL 33283

Title           MGR  
Name           MARTINELLI, PATRICIO  
Address        C/O IWPS  
                  PO BOX 830726  
City-State-Zip: MIAMI FL 33283

Title           MGR  
Name           MENAFRA, DIEGO  
Address        C/O IWPS  
                  PO BOX 830726  
City-State-Zip: MIAMI FL 33283

Title           MANAGER  
Name           SARRIES, WALTER  
Address        455 WOODCREST RD.  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** OCTAVIO MESTRE

MANAGER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date