

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187193

**Entity Name:** ANTZOCHM LLC

**Current Principal Place of Business:**

153 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

ANTZOCHM LLC  
P.O. BOX 140668  
CORAL GABLES, FL 33114-0668

**FEI Number:** 38-4016360

**Certificate of Status Desired:** Yes

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

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 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 SANCHEZ MONTES, OSCAR A  
Address P.O. BOX 140668  
City-State-Zip: CORAL GABLES FL 33114

Title MGR  
Name SANCHEZ MONTES, SANDRO F  
Address P.O. BOX 140668  
City-State-Zip: CORAL GABLES FL 33114

Title MGR  
Name VALDIVIA VERDEJO, ALFREDO L  
Address P.O. BOX 140668  
City-State-Zip: CORAL GABLES FL 33114

*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:** SANDRO F SANCHEZ MONTES

**MANAGER**

**01/15/2018**

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

\_\_\_\_\_  
Date