

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000217973

**Entity Name:** IKARIA CULINARY VENTURES, LLC

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**5069727109CC**

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD  
SUITE 1105  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
SUITE 1105  
CORAL GABLES, FL 33134 US

**FEI Number: 81-4600651**

**Certificate of Status Desired: No**

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

BRAVO ROA, DR. ARTURO  
1600 PONCE DE LEON BLVD  
SUITE 1105  
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: DR. ARTURO BRAVO ROA**

**04/29/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NOGUERA GRIECO, BORIS  
Address 1600 PONCE DE LEON BLVD  
SUITE 1105  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name NOGUERA ZISMAN, ANA C  
Address 1600 PONCE DE LEON BLVD  
SUITE 1105  
City-State-Zip: CORAL GABLES FL 33134

*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: BORIS NOGUERA GRIECO**

**MGR**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date