

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000225179

Entity Name: OAXACA GOURMET SALTS, LLC**Current Principal Place of Business:**C/O 396 ALHAMBRA CIRCLE, S-900
CORAL GABLES, FL 33134**Current Mailing Address:**C/O 396 ALHAMBRA CIRCLE, S-900
CORAL GABLES, FL 33134**FEI Number: 81-5366429****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ESTRADA, ADRIANA S
396 ALHAMBRA CIRCLE, S-900
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 MMGR
Name ESTRADA, ADRIANA S
Address C/O 396 ALHAMBRA CIRCLE, S-900
City-State-Zip: CORAL GABLES FL 33134

Title MMGR
Name ORTEGA, GUSTAVO
Address C/O 396 ALHAMBRA CIRCLE, S-900
City-State-Zip: CORAL GABLES FL 33134

Title MMGR
Name MACIAS, MARCOS
Address C/O 396 ALHAMBRA CIRCLE, S-900
City-State-Zip: CORAL GABLES FL 33134

Title MMGR
Name LOWRY, DIANNE
Address C/O 396 ALHAMBRA CIRCLE, S-900
City-State-Zip: CORAL GABLES FL 33134

Title MMGR
Name MACIAS, ALEX
Address C/O 396 ALHAMBRA CIRCLE, S-900
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: ADRIANA SELENE ESTRADA**MANAGER****03/21/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date