

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000094942

**Entity Name:** ATABEX US1 LLC

**Current Principal Place of Business:**

201 CROSS ST  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

201 CROSS ST  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARB, CAMILA A  
201 CROSS ST  
MIAMI SPRINGS, FL 33166 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            AMBR  
Name            LIMA, ORESTES  
Address        201 CROSS ST  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** ORESTES LIMA

AMBR

04/27/2018

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

\_\_\_\_\_ Date