

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000115371

**Entity Name:** COMAGRAVI LLC**Current Principal Place of Business:**3480 W 84TH SUITE #111  
HIALEAH, FL 33018**Current Mailing Address:**3480 W 84TH SUITE #111  
HIALEAH, FL 33018 US**FEI Number:** 82-1872807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WORLDWIDE CORPORATE ADMINISTRATORS LLC  
2330 PONCE DE LEON BLVD  
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	MEZONES CARVALLO, JOSE FRANCISCO
Address	3480 W 84TH SUITE #111
City-State-Zip:	HIALEAH FL 33018
Title	MGR
Name	MEZONES DURAN, JOEL FRANCISCO
Address	3480 W 84TH SUITE #111
City-State-Zip:	HIALEAH FL 33018
Title	MGR
Name	MEZONES DURAN, LENIN JOSE
Address	3480 W 84TH SUITE #111
City-State-Zip:	HIALEAH FL 33018

Title	MGR
Name	DURAN DE MEZONES, NANCY RAMONA
Address	3480 W 84TH SUITE #111
City-State-Zip:	HIALEAH FL 33018
Title	MGR
Name	MEZONES DURAN, MAIMAR JOSELYN
Address	3480 W 84TH SUITE #111
City-State-Zip:	HIALEAH FL 33018
Title	MGR
Name	CIRILLO PLAZA, KATERINE K
Address	3480 W 84TH SUITE #111
City-State-Zip:	HIALEAH FL 33018

*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:** KATERINE K CIRILLO PLAZA

MGR

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date