#### 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: MAIKEL ARISTA-SALADO

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	AUTHORIZED MEMBER
Name	ARISTA-SALADO, ALEJANDRO	Name	ARISTA-SALADO, MAIKEL
Address	3930 NW 1 STREET	Address	3930 NW 1 STREET
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000154603

Entity Name: INDUSTRIALES SHOWERS & MIRRORS LLC

### **Current Principal Place of Business:**

3930 NW 1 STREET MIAMI, FL 33126

#### **Current Mailing Address:**

3930 NW 1 STREET MIAMI, FL 33126

#### FEI Number: 82-2232013

## Name and Address of Current Registered Agent:

ARISTA-SALADO, ALEJANDRO 3930 NW 1 STREET MIAMI, FL 33126 US

SIGNATURE:

...... **-**...

Electronic Signature of Registered Agent Authorized Person(s) Detail :

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.

AMBR

04/08/2019

#### FILED Apr 08, 2019 Secretary of State 8907789580CC

Date

Certificate of Status Desired: No

Date