

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000020971

**Entity Name:** EL DORADO COFFEE INVESTMENT LLC

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**6407422835CC**

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131 US

**FEI Number: 61-1866104**

**Certificate of Status Desired: No**

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

R&P ACCOUNTING & TAXES, INC.  
150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131 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            ROJAS, ADRIANA 50%  
Address        150 SE 2ND AVE  
                  SUITE 404  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            ALBA, JORGE MANUEL 30%  
Address        150 SE 2ND AVE  
                  SUITE 404  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            MARTINEZ ROJAS, LUZ MARIA 10%  
Address        150 SE 2ND AVE  
                  SUITE 404  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            MARTINEZ ROJAS, LAURA LUCIA 10%  
Address        150 SE 2ND AVE  
                  SUITE 404  
City-State-Zip: MIAMI FL 33131

*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 ROJAS**

**P**

**04/29/2019**

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

\_\_\_\_\_  
Date