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: ALVARO DUPUY VIELMA

Electronic Signature of Signing Authorized Person(s) Detail

4680 NW 102ND AVE

DORAL, FL 33178

FEI Number: 83-1574052

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DUPUY VIELMA, ALVARO 4680 NW 102ND AVE DORAL, FL 33178 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:

Authorized Person(s) Detail :			
Title	Р	Title	VP
Name	DUPUY VIELMA, ALVARO	Name	PORTILLO LEAL, JHOSMARY
Address	4680 NW 102ND AVE APT 104	Address	4680 NW 102ND AVE APT 104
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000195087

Entity Name: CON SABOR MARACUCHO LLC

Current Principal Place of Business:

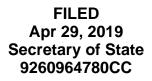
4680 NW 102ND AVE APT 104 DORAL, FL 33178

Current Mailing Address:

APT 104

PRESIDENT

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



Certificate of Status Desired: No

04/29/2019

Date