

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247532

**Entity Name:** LAGOS & DANUS LLC

**Current Principal Place of Business:**

PALACIO RIESCO 4387  
HUECHURABA, SANTIAGO, CHILE,

**Current Mailing Address:**

PALACIO RIESCO 4387  
HUECHURABA, SANTIAGO, CHILE, CL

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD., SUITE 1225  
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 DANUS LARROULET, JAIME MIGUEL  
Address PALACIO RIESCO 4387  
City-State-Zip: HUECHURABA, SANTIAGO, CHILE

Title MGR  
Name BOZZO MARTORELL, ENZO CARLO  
Address PALACIO RIESCO 4387  
City-State-Zip: HUECHURABA, SANTIAGO, CHILE

Title MGR  
Name ANDRES BENJAMIN LAGOS CHARME  
Address PALACIO RIESCO 4387  
City-State-Zip: HUECHURABA, SANTIAGO, CHILE

Title MGR  
Name CARLOS RODRIGO SAEZ RAMIREZ  
Address PALACIO RIESCO 4387  
City-State-Zip: HUECHURABA, SANTIAGO, CHILE

Title MGR  
Name MIGUEL LUIS LAGOS DROGUETT  
Address PALACIO RIESCO 4387  
City-State-Zip: HUECHURABA, SANTIAGO, CHILE

Title MGR  
Name LAGOS CHARME, MIGUEL LUIS  
Address PALACIO RIESCO 4387  
City-State-Zip: HUECHURABA, SANTIAGO, CHILE

*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:** JAIME MIGUEL DANUS LARROULET

**DIRECTOR**

**04/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date