

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001880

Entity Name: FIGUEROA SIERRA & ASOCIADOS, L.L.C.**Current Principal Place of Business:**20191 E. COUNTRY CLUB DR.
APT 2605
AVENTURA, FL 33180**Current Mailing Address:**20191 E. COUNTRY CLUB DR
APT 2605
AVENTURA, FL 33180 US**FEI Number:** 52-2122752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANGELA, NARANJO
999 PONCE DE LEON BLVD
SUITE 1110
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:** ANGELA NARANJO

03/07/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED REPRESENTATIVE
Name	NARANJO, ANGELA M
Address	20191 E. COUNTRY CLUB DR APT 2605
City-State-Zip:	AVENTURA FL 33180

Title	LEGAL REPRESENTATIVE, DIRECTOR
Name	FIGUEROA, AUGUSTO
Address	465 BRICKELL AVE THE ICON TOWER I APT 4605
City-State-Zip:	MIAMI FL 33131

Title	OTHER
Name	FIGUEROA SIERRA & ASOCIADOS ABOGADOS, S.A.S.
Address	20191 E. COUNTRY CLUB DR APT 2605
City-State-Zip:	AVENTURA FL 33180

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: ANGELA NARANJO**AUTHORIZED
REPRESENTATIVE**

03/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date