

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004701

**Entity Name:** LLAIMA ASSOCIATES, INC.

**Current Principal Place of Business:**

3915 BISCAYNE BOULEVARD  
SUITE #402  
MIAMI, FL 33137

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**4710210289CC**

**Current Mailing Address:**

3915 BISCAYNE BOULEVARD  
SUITE #402  
MIAMI, FL 33137 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

RAFAEL J SANCHEZ-ABALLI P.A.  
RAFAEL J. SANCHEZ-ABALLI, ESQ.  
264 ALMERIA AVENUE  
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

**Officer/Director Detail :**

Title PD  
Name GUZMAN CRUZAT, NICOLAS  
Address 3915 BISCAYNE BOULEVARD  
SUITE #402  
City-State-Zip: MIAMI FL 33137

Title VP/T  
Name SILVA, FRANCISCO  
Address 3915 BISCAYNE BOULEVARD  
SUITE #402  
City-State-Zip: MIAMI FL 33137

Title VP/S  
Name MEYER, RODRIGO  
Address 3915 BISCAYNE BOULEVARD  
SUITE #402  
City-State-Zip: MIAMI FL 33137

Title VP  
Name THARRINGTON, KENNY  
Address 3915 BISCAYNE BOULEVARD  
SUITE #402  
City-State-Zip: MIAMI FL 33137

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NICOLAS GUZMAN CRUZAT**

**PRESIDENT AND  
DIRECTOR**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date