

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015380

Entity Name: EL TROPICO LLC

Current Principal Place of Business:

8391 NW 12 STREET
MIAMI, FL 33126

Current Mailing Address:

8391 NW 12 STREET
MIAMI, FL 33126

FEI Number: 65-1062823

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, ALEJANDRO J
8240 NW 30 TERR
MIAMI, FL 33122 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 ALVAREZ, ALEJANDRO
Address 8391 N.W. 12TH ST.
City-State-Zip: MIAMI FL 33126

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: ALEJANDRO ALVAREZ

MANAGER

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date