

**2014 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

MEMBER

04/29/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date