

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050989

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC6207919210**

**Entity Name:** NICOSAN INVESTMENT, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**FEI Number:** 20-2889602

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
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	MGRM	Title	MGRM
Name	MEJIA BONILLA, LIBARDO A	Name	SUAREZ BONILLA, CLAUDIA L
Address	PARCELACION APOSENTOS CASA 228, KM 33	Address	PARCELACION APOSENTOS CASA 228, KM 33
City-State-Zip:	CUNDINAMARCA	City-State-Zip:	CUNDINAMARCA

*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:** LIBARDO A MEJIA BONILLA

**MGRM**

**04/06/2016**

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

\_\_\_\_\_  
Date