

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063682

**Entity Name:** TROTADORES INVESTMENTS LLC

**Current Principal Place of Business:**

4645 SE 11TH PL  
SUITE 103  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4645 SE 11TH PL  
SUITE 103  
CAPE CORAL, FL 33904

**FEI Number:** 26-0464890

**Certificate of Status Desired:** No

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

CORREA, RAUL A  
4645 SE 11TH PL  
SUITE 103  
CAPE CORAL, FL 33904 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  
Name NAVARRO-RESTREPO, CARLOS E  
Address 4645 SE 11TH PLACE, STE 103  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name DIEZ-ZULUAGA, CONSTANZA  
Address 4645 SE 11TH PLACE, STE 103  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name VELAS SANTA CRUZ INC.  
Address 4645 SE 11TH PLACE, STE 103  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name CORREA-GONZALEZ, RAUL A  
Address 4645 SE 11TH PLACE, STE 103  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name URIBE, MAURICIO  
Address 4645 SE 11TH PLACE, STE 103  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name ARANGO, LAURA V  
Address 4645 SE 11TH PLACE, STE 103  
City-State-Zip: CAPE CORAL FL 33904

*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:** CORREA, RAUL, A

**REGISTERED AGENT**

**04/15/2016**

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

\_\_\_\_\_  
Date