

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000046285

**FILED  
Oct 01, 2014  
Secretary of State  
CC2034337322**

**Entity Name:** CUEVA ARMIJOS INVESTMENTS, LLC

**Current Principal Place of Business:**

6021 SW 81ST STREET  
MIAMI, FL 33143

**Current Mailing Address:**

6021 SW 81ST STREET  
MIAMI, FL 33143 US

**FEI Number: 27-0679057**

**Certificate of Status Desired: Yes**

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

CORRADA, ALBERT CPA  
2655 LEJEUNE ROAD  
SUITE 902  
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, AUTHORIZED MEMBER  
Name CUEVA ARMIJOS, REBECA P  
Address ANDERSENHOF 15, 3446BV  
City-State-Zip: WOERDEN, NEDERLAND 00000

Title MGRM, AUTHORIZED MEMBER  
Name CUEVA ARMIJOS, ABRAHAM F MGRM  
Address JUAN M. PUMARA N45-28 Y JOSE  
PAREDES 4TO P  
City-State-Zip: QUITO, ECUADOR 00000

Title MGRM, AUTHORIZED MEMBER  
Name ARMIJOS ALVARADO, ENMA REBECA P  
Address JUAN M. PUMARA N45-28 Y JOSE  
PAREDES 4TO P  
City-State-Zip: QUITO, ECUADOR 00000

Title MGRM, AUTHORIZED MEMBER  
Name CUEVA CUEVA, JOSE CESAR E  
Address JUAN M. PUMARA N45-28 Y JOSE  
PAREDES 4TO P  
City-State-Zip: QUITO, ECUADOR 00000

*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: ABRAHAM F. CUEVA ARMIJOS**

**MGRM, AUTHORIZED  
MEMBER**

**10/01/2014**

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

\_\_\_\_\_  
Date