

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070647

**Entity Name:** HERMANOS CAFFARO, LLC

**Current Principal Place of Business:**

1435 BRICKELL AVENUE  
#3303  
MIAMI, FL 33131

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6018901845**

**Current Mailing Address:**

207 SINCLAIR, LA LUCILA (1636)  
PDO DE VICENTE LOPEZ  
BUENOS AIRES, BA 00000 AR

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

DE LA CRUZ, LUIS F  
2 ALHAMBRA PLAZA  
PH2-C  
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 MGR  
Name CAFFARO, HORACIO A  
Address 207 SINCLAIR, LALUCILA (1636) PDO  
VIC LOP  
City-State-Zip: BUENOS AIRES BA 00000

Title MGR  
Name CAFFARO, GUIDO M  
Address 207 SINCLAIR, LALUCILA (1636) PDO  
VIC LOP  
City-State-Zip: BUENOS AIRES BA 00000

Title MGR  
Name CAFFARO, EMILIO M  
Address 207 SINCLAIR, LALUCILA (1636) PDO  
VIC LOP  
City-State-Zip: BUENOS AIRES BA 00000

Title MGR  
Name CAFFARO, CHRISTIAN J  
Address 207 SINCLAIR, LALUCILA (1636) PDO  
VIC LOP  
City-State-Zip: BUENOS AIRES BA 00000

Title MGR  
Name COSTA, MONICA E  
Address 207 SINCLAIR, LALUCILA (1636) PDO  
VIC LOP  
City-State-Zip: BUENOS AIRES BA 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: CHRISTIAN JOSÉ CAFFARO**

**MGR**

**01/12/2015**

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

\_\_\_\_\_  
Date