

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000617

**Entity Name:** INVERSIONES FITEX, LLC

**Current Principal Place of Business:**

6161 NW 112 CT  
DORAL, FL 33178

**Current Mailing Address:**

7054 NW 107 PL  
DORAL, FL 33178

**FEI Number:** 90-0646407

**Certificate of Status Desired:** No

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

LUIS FIGUEIRA DOS SANTOS  
6161 NW 112 CT  
DORAL, FL 33178 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 FIGUEIRA, JOSE L  
Address 6161 NW 112 CT  
City-State-Zip: DORAL FL 33178

Title MGR  
Name LUIS FIGUEIRA DOS SANTOS  
Address 6161 NW 112 CT  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name ELIZABETH TEIXEIRA DE FIGUEIRA  
Address 6161 NW 112 CT  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name FIGUEIRA, EDUIN L  
Address 6161 NW 112 CT  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name FIGUEIRA, LUIS M  
Address 6161 NW 112 CT  
City-State-Zip: DORAL FL 33178

*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:** JEANNETTE FERREIRA

**MGRM**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date