

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069020

**Entity Name:** MULTICONCEP SAS LLC

**Current Principal Place of Business:**

7713 NW 46TH ST  
MIAMI, FL 33166

**Current Mailing Address:**

7713 NW 46TH ST  
MIAMI, FL 33166

**FEI Number:** 45-2516084

**Certificate of Status Desired:** No

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

MANRIQUE, HECTOR F  
7713 NW 46TH ST  
MIAMI, FL 33166 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:** HECTOR F MANRIQUE

04/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MANRIQUE, HECTOR F  
Address 7713 NW 46 ST  
City-State-Zip: MIAMI FL 33166

*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:** HECTOR F MANRIQUE

MGRM

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date