

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106309

**Entity Name:** VERACRUZ SHABO, LLC

**Current Principal Place of Business:**

325 S. BISCAYNE BLVD.  
3022  
MIAMI , FL 33131

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC2068032798**

**Current Mailing Address:**

1325 BROAD STREET  
CENTRAL FALLS, RI 02863

**FEI Number: 45-4236434**

**Certificate of Status Desired: No**

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

SHABO, MILAD  
1325 BROAD STREET  
CENTRAL FALLS, FL 02863 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           SHABO, MILAD  
Address        1325 BROAD STREET  
City-State-Zip: CENTRAL FALLS RI 02863

*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: MILAD SHABO**

**OWNER**

**04/27/2016**

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

\_\_\_\_\_  
Date