

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000006865

**Entity Name:** TACAPA LLC

**Current Principal Place of Business:**

2275 BISCAYNE BLVD.  
SUITE 1  
MIAMI, FL 33137

**Current Mailing Address:**

2275 BISCAYNE BLVD.  
SUITE 1  
MIAMI, FL 33137 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SIRULNIK, ALEX DESQ  
2701 PONCE DE LEON BLVD.  
SUITE 202  
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 CHOMER, CARLOS  
Address 2275 BISCAYNE BLVD. SUITE 1  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name CHOMER, TATIANA N  
Address 2275 BISCAYNE BLVD. SUITE 1  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name CHOMER, CARLA S  
Address 2275 BISCAYNE BLVD. SUITE 1  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name CHOMER, PAULA A  
Address 2275 BISCAYNE BLVD. SUITE 1  
City-State-Zip: MIAMI FL 33137

*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:** CHOMER , CARLOS

MGR

03/14/2014

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

\_\_\_\_\_  
Date