

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000097302

**Entity Name:** MORAVICEN LLC

**Current Principal Place of Business:**

5011 NW 93RD DORAL CIRCLE EAST  
MIAMI, FL 33172

**Current Mailing Address:**

5011 NW 93RD DORAL CIRCLE EAST  
MIAMI, FL 33172 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MORALES, INGRID C  
5011 NW 93RD DORAL CIRCLE EAST  
MIAMI, FL 33172 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 MORALES, GILBERTO E  
Address 5011 NW 93RD DORAL CIRCLE EAST  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name VICENTINI, GABRIELA I  
Address 5011 NW 93RD DORAL CIRCLE EAST  
City-State-Zip: MIAMI FL 33172

Title MANAGER  
Name REVERON MORALES, INGRID  
Address 5011 NW 93RD DORAL CIRCLE EAST  
City-State-Zip: MIAMI FL 33172

*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:** GILBERTO E MORALES

MANAGER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date