

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000097302

**Entity Name:** MORAVICEN LLC

**Current Principal Place of Business:**

9735 NW 52ND ST  
404  
MIAMI, FL 33178

**Current Mailing Address:**

9735 NW 52ND ST  
404  
MIAMI, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MORALES, INGRID C  
9735 NW 52ND ST  
404  
MIAMI, 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           | MGR                 | Title           | MGR                   |
| Name            | MORALES, GILBERTO E | Name            | VICENTINI, GABRIELA I |
| Address         | 9735 NW 52ND ST     | Address         | 9735 NW 52ND ST       |
| City-State-Zip: | MIAMI FL 33178      | City-State-Zip: | MIAMI 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GILBERTO E MORALES

**PRESIDENT**

**02/22/2013**

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

\_\_\_\_\_  
Date