

2015 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 MORALES

MANAGER

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date