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: FRANCISCO TORRES

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 5201 BLUE LAGOON DR 8TH FLOOR

Entity Name: AMERISTAR EXPRESS LLC

**Current Principal Place of Business:** 

MIAMI, FL 33126 US

## FEI Number: 46-1868431

DOCUMENT# L13000009942

5201 BLUE LAGOON DR 8TH FLOOR

MIAMI. FL 33126

### Name and Address of Current Registered Agent:

TORRES, FRANCISCO J 5201 BLUE LAGOON DR 8TH FLOOR MIAMI, FL 33126 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: FRANCISCO J TORRES

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGRM Name TORRES, FRANCISCO J Address 5201 BLUE LAGOON DR 8TH FLOOR City-State-Zip: MIAMI FL 33126

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# FILED Oct 12, 2015 Secretary of State CC3269338949

Certificate of Status Desired: No

10/12/2015 Date

10/12/2015

Date

OWNER