

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000010326

**Entity Name:** LOTHLORIEN CA, LLC

**Current Principal Place of Business:**

454 NE 23 ST.  
SUITE 26  
MIAMI, FL 33137

**Current Mailing Address:**

454 NE 23 ST.  
SUITE 26  
MIAMI, FL 33137

**FEI Number:** 46-1827882

**Certificate of Status Desired:** No

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

DE RUIZ, ANA M  
454 NE 23 ST.  
SUITE 26  
MIAMI, FL 33137 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	MGRM
Name	COLMENARES, IBRAHIM
Address	#13 COND LOMA REAL. URB LOMA REAL
City-State-Zip:	MATURIN EDO MONAGAS MO VENEZ-UELA

Title	MGRM
Name	BOADA, ISAAC
Address	LOC 18, CC LARA AC PPL EL HIPÁDROMO
City-State-Zip:	MARACAY EDO ARAGUA AG VENEZ-UELA

*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:** IBRAHIM COLMENARES

**MGRM**

**04/30/2014**

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

\_\_\_\_\_  
Date