

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000050686

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC5606378158**

**Entity Name:** POSTRES BY MAFE LLC

**Current Principal Place of Business:**

10771 SW 67 DRIVE  
MIAMI, FL 33173

**Current Mailing Address:**

10771 SW 67 DRIVE  
MIAMI, FL 33173 US

**FEI Number:** 46-2465702

**Certificate of Status Desired:** No

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

LABROZZI & CO, PA  
1395 BRICKELL AVENUE  
SUITE 3311  
MIAMI, FL 33131 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            PRESIDENT  
Name            MASIS-GALVEZ, MARIA F  
Address        10771 SW 67 DRIVE  
City-State-Zip: MIAMI FL 33173

Title            OFFICER  
Name            AGUERRI, CARLOS F JR.  
Address        10771 SW 67 DRIVE  
City-State-Zip: MIAMI FL 33173

Title            OFFICER  
Name            AGUERRI, ALEJANDRO A SR.  
Address        10771 SW 67 DRIVE  
City-State-Zip: MIAMI FL 33173

Title            OFFICER  
Name            GALVEZ, GABRIEL E SR.  
Address        10771 SW 67 DRIVE  
City-State-Zip: MIAMI FL 33173

Title            OFFICER  
Name            GALVEZ, JORGE L SR.  
Address        10771 SW 67 DRIVE  
City-State-Zip: MIAMI FL 33173

*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:** MARIA F. MASIS-GALVEZ

**PRESIDENT**

**02/17/2015**

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

\_\_\_\_\_  
Date