

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000098101

Entity Name: MARTA ELENA FAGES LLC**Current Principal Place of Business:**6767 COLLINS AVE
1402
MIAMI BEACH, FL 33141**Current Mailing Address:**6767 COLLINS AVE
1402
MIAMI BEACH, FL 33141 US**FEI Number:** 46-4174270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRINSZPUN, HECTOR L
6767 COLLINS AVE
1402
MIAMI BEACH, FL 33141 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 | FAGES, MARTA E |
| Address | 6767 COLLINS AVE 1402 |
| City-State-Zip: | MIAMI BEACH FL 33141 |

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|-----------------|--------------------------|
| Title | MGRM |
| Name | BLOUSSON, MATIAS |
| Address | 6767 COLLINS AVE 1402 |
| City-State-Zip: | MIAMI BEACH FL 33141 |

| | |
|-----------------|--------------------------|
| Title | MGRM |
| Name | DE LA SERNA, RICARDO F |
| Address | 6767 COLLINS AVE 1402 |
| City-State-Zip: | MIAMI BEACH FL 33141 |

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|-----------------|--------------------------|
| Title | MGRM |
| Name | DE LA SERNA, IGNACIO |
| Address | 6767 COLLINS AVE 1402 |
| City-State-Zip: | MIAMI BEACH FL 33141 |

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: MARTA E FAGES

MGRM

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date