

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000169342

Entity Name: MEGO ENTERPRISES, L.L.C.**Current Principal Place of Business:**300 NE 15TH AVE
FT LAUDERDALE, FL 33301**Current Mailing Address:**300 NE 15TH AVE
FT LAUDERDALE, FL 33301**FEI Number:** 46-4262684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANRIQUE, VICTOR
300 NE 15TH AVE
FT LAUDERDALE, FL 33301 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	LOPEZ, ROSA
Address	7723 NW 112 TH PLACE
City-State-Zip:	DORAL FL 33178
Title	MGRM
Name	MANRIQUE, VICTOR
Address	300 NE 15TH AVE
City-State-Zip:	FT LAUDERDALE FL 33301
Title	MGR
Name	PEREZ, JOSE A
Address	7723 NW 112TH PLACE
City-State-Zip:	DORAL FL 33178

Title	MGRM
Name	MEDINA, ALEXANDER
Address	7725 SW 90TH WAY UNIT G -403
City-State-Zip:	MIAMI FL 33156
Title	MGR
Name	HERNANDEZ, YOMARI
Address	7275 SW 90TH WAY , UNITG G-403
City-State-Zip:	MIAMI FL 33156

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: VICTOR MANRIQUE

MANAGING DIRECTOR

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date