

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000017001

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**9953280711CC**

**Entity Name:** PROYECTOS MONCLOVA, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
740  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.  
740  
CORAL GABLES, FL 33134 US

**FEI Number:** 32-0432646

**Certificate of Status Desired:** No

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

JM MARTINEZ CPA. PA  
2100 PONCE DE LEON BLVD.  
740  
CORAL GABLES, FL 33134 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:** JOSE M MARTINEZ

04/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TRABULSI TACHE, DAVID  
Address C/O JM MARTINEZ CPA PA  
2100 PONCE DE LEON BLVD 740  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name COHEN, TEOFILO  
Address C/O JM MARTINEZ CPA.COM  
2100 PONCE DE LEON BLVD. 740  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name RAUDALES, MARION  
Address C/O JM MARTINEZ CPA, PA  
2100 PONCE DE LEON BLVD. 740  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name STROGANOVA, POLINA  
SERGEJEWNA  
Address C/O JM MARTINEZ CPA, PA  
2100 PONCE DE LEON BLVD. 740  
City-State-Zip: CORAL GABLES FL 33134

*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:** TRABULSI TACHE , DAVID

MGR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date