

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000052715

Entity Name: OFARTE LLC

Current Principal Place of Business:

359 LAKEVIEW DR
STE 103
WESTON, FL 33326

Current Mailing Address:

359 LAKEVIEW DR
STE 103
WESTON, FL 33326

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIMITRIO CURE, JORGE
359 LAKEVIEW DR
STE 103
WESTON, FL 33323 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 MGR
Name DIMITRIO CURE, JORGE
Address 359 LAKEVIEW DR
City-State-Zip: WESTON FL 33326

Title MGR
Name GARCIA ARRIETA, SILVIA M
Address 359 LAKEVIEW DR
City-State-Zip: WESTON FL 33326

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: JORGE DIMITRIO CURE

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date