

**2016 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:** Yes

**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

MRG

03/29/2016

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

\_\_\_\_\_  
Date