

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000074668

**Entity Name:** INVERSORES HERMANOS, LLC

**Current Principal Place of Business:**

118 ZAMORA AVE  
APT 502  
CORAL GABLES, FL 33134

**Current Mailing Address:**

118 ZAMORA AVE  
APT 502  
CORAL GABLES, FL 33134

**FEI Number:** 46-5742704

**Certificate of Status Desired:** No

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

SWANSON, CHAD  
118 ZAMORA AVE  
APT 502  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WALLER, BRIAN  
Address 8081 SW 172 TER  
City-State-Zip: MIAMI FL 33157

Title AMBR  
Name MARX, GREGORY  
Address 690 SW 1ST COURT, # 1132  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name SWANSON, CHAD  
Address 118 ZAMORA AVE, APT 502  
City-State-Zip: MIAMI FL 33134

Title AMBR  
Name HERZBERG, STEVEN  
Address 580 SABAL PALM ROAD  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name HERZBERG, MARK  
Address 621 SPRING STREET, APT 311  
City-State-Zip: LOS ANGELES CA 90014

*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:** CHAD SWANSON

**MEMBER**

**02/14/2015**

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

\_\_\_\_\_  
Date