

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092466

**Entity Name:** AMERICORP MCM, LLC

**Current Principal Place of Business:**

8785 SW 165 AVE  
SUITE 206  
MIAMI, FL 33193

**Current Mailing Address:**

8785 SW 165 AVE  
SUITE 206  
MIAMI, FL 33193 US

**FEI Number:** 38-3933733

**Certificate of Status Desired:** No

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

NEGOCIOS EN USA  
201 S. BISCAYNE BLVD  
905  
MIAMI, FL 33131 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 CARRASCO MENDEZ, MIGUEL A  
Address 8785 SW 165 AVE  
SUITE 206  
City-State-Zip: MIAMI FL 33193

Title MGR  
Name LUCHINI DE CARRASCO, LUISA I  
Address 8785 SW 165 AVE  
SUITE 206  
City-State-Zip: MIAMI FL 33193

*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:** CARRASCO MENDEZ , MIGUEL A

MGR

04/07/2015

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

\_\_\_\_\_  
Date