2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000099378

Entity Name: LAMEGO INVESTMENT LLC

Current Principal Place of Business:

1112 SE 3RD AVE

FORT LAUDERDALE. FL 33316

Current Mailing Address:

1112SE 3RD AVE

FORT LAUDERDALE. FL 33316 US

FEI Number: 47-1163979 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANRIQUE, VICTOR 1112 SE 3RD AVE

FORT LAUDERDALE, FL 33316 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: VICTOR MANRIQUE 08/17/2015

> Date Electronic Signature of Registered Agent

FILED Aug 17, 2015

Secretary of State

CC1164423856

Date

Authorized Person(s) Detail :

Title **AMBR** Title **AMBR**

GROUP MIAMI LLC MAX'S INVESTMENTS, LLC Name Name

6340 NW 99 AVE 1112 SE 3RD AVE Address Address

City-State-Zip: FORT LAUDERDALE FL 33316 DORAL FL 33178 City-State-Zip:

Title **AMBR** Title **AMBR**

Name VIDIEGO ENTERPRISES CORP. NORTE UNO, LLC Name

Address 1800 NE 22 TER Address 7723 NW 112TH PL

FORT LAUDERDALE FL 33305 City-State-Zip: DORAL FL 33178 City-State-Zip:

Title **AMBR** Title AMBR

Name YANC INVESTMENTS, LLC J & J TRADING ENTERPRISES LLC Name

Address 3901 W STATE ROAD 84 Address 7723 NW 112TH PL

UNIT 201 DORAL FL 33178

City-State-Zip: DAVIE FL 33312

Title **AMBR**

City-State-Zip:

GUIANNA, LLC Name

Address 1900 N BAY SHORE DR

APT 3907

City-State-Zip: MIAMI FL 33132

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.

08/17/2015 SIGNATURE: VICTOR MANRIQUE REGISTERED AGENT

Electronic Signature of Signing Authorized Person(s) Detail