

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000123495

**Entity Name:** 1426 WEXFORD WAY LLC

**Current Principal Place of Business:**

ZONAMERICA TECH. PARK, RUTA 8 KM 17.500  
EDIFICIO BETA 3- OF. 010  
MONTEVIDEO, URUGUAY, UR 91600

**Current Mailing Address:**

ZONAMERICA TECH. PARK, RUTA 8 KM 17.500  
EDIFICIO BETA 3- OF. 010  
MONTEVIDEO, URUGUAY, UR 91600 UR

**FEI Number:** 47-1562514

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PONCE DE LEON, CAROLINA  
Address RUTA 8-KM 17.500 EDIF. BETA3.  
OFICINA 010  
City-State-Zip: MONTEVIDEO, URUGUAY UR 91600

*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:** CAROLINA PONCE DE LEON

**MANAGER**

**01/12/2017**

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

\_\_\_\_\_ Date