

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000130804

Entity Name: DAJOPICA LLC**Current Principal Place of Business:**3705 WESTMINSTER STREET
HOLLYWOOD, FL 33021**Current Mailing Address:**3705 WESTMINSTER STREET
HOLLYWOOD, FL 33021**FEI Number:** 47-1695424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUINTERO, CARLOS SR
3665 WESTMINSTER STREET
HOLLYWOOD, FL 33021 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 RUIZ ESTUPIÁN, JUAN C SR
Address 3705 WESTMINSTER STREET
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR
Name AMAYA VARGAS, MARIA D
Address 3705 WESTMINSTER STREET
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR
Name RUIZ AMAYA, JUAN J SR
Address 3705 WESTMINSTER
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR
Name RUIZ AMAYA, ANDRES SR
Address 3705 WESTMINSTER
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR
Name RUIZ AMAYA, DANIELA
Address 3705 WESTMINSTER
City-State-Zip: HOLLYWOOD FL 33021

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: RUIZ ESTUPIÁN, JUAN C, SR

AMBR

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date