

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190552

**Entity Name:** MICROPUNTO LLC

**Current Principal Place of Business:**

10620 N.W. 123RD STREET ROAD  
UNIT # 103  
MEDLEY, FL 33178-3226

**Current Mailing Address:**

10620 N.W. 123RD STREET ROAD  
UNIT # 103  
MEDLEY, FL 33178-3226 US

**FEI Number:** 47-2533636

**Certificate of Status Desired:** No

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

TRAVIN, MAXIMILIANO  
10620 N.W. 123RD STREET ROAD  
UNIT # 103  
MEDLEY, FL 33178-3226 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 MGRM  
Name TRAVIN, MAXIMILIANO  
Address 3485 TORREMOLINOS AVENUE  
City-State-Zip: DORAL FL 33178-2966

Title MGRM  
Name JAEN VIDAL, GUSTAVO  
Address 10620 N.W. 123RD STREET ROAD  
UNIT # 103  
City-State-Zip: MEDLEY FL 33178-3226

*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:** GUSTAVO FERNANDO JAEN VIDAL

MR.

04/15/2015

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

\_\_\_\_\_  
Date