

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000024152

Entity Name: MANGLE LLC**Current Principal Place of Business:**13795 NE 20 PL
NORTH MIAMI BEACH, FL 33181**Current Mailing Address:**13795 NE 20 PL
NORTH MIAMI BEACH, FL 33181 US**FEI Number:** 81-1663009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VON HUNEFELD, VERONICA
13795 NE 20 PL
NORTH MIAMI BEACH, FL 33181 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	INDOTHAI SOCIEDAD ANONIMA
Address	13795 NE 20 PL
City-State-Zip:	NORTH MIAMI BEACH FL 33181

Title	MGRM
Name	VON HUNEFELD, VERONICA
Address	13795 NE 20 PL
City-State-Zip:	NORTH MIAMI BEACH FL 33181

Title	MGRM
Name	VON HUNEFELD, GUILLERMO
Address	13795 NE 20 PL
City-State-Zip:	NORTH MIAMI BEACH FL 33181

Title	MGRM
Name	VON HUNEFELD, ANA
Address	13795 NE 20 PL
City-State-Zip:	NORTH MIAMI BEACH FL 33181

Title	MGRM
Name	SIROIT, GASTON
Address	13795 NE 20 PL
City-State-Zip:	NORTH MIAMI BEACH FL 33181

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: GASTON SIROIT

MGRM

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date