

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000110818

**Entity Name:** MARGARITA FARMACIA PROVEMAN LLC

**Current Principal Place of Business:**

15290 SW 30TH TERRACE  
MIAMI, FL 33185

**Current Mailing Address:**

15290 SW 30TH TERRACE  
MIAMI, FL 33185 US

**FEI Number:** 38-3974756

**Certificate of Status Desired:** No

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

ACUNA, ENRIQUE J SR.  
15290 SW 30TH TERRACE  
MIAMI, FL 33185 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:** ENRIQUE J ACUNA

02/16/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ACUNA, ENRIQUE J SR  
Address 15290 SW 30TH TERRACE  
City-State-Zip: MIAMI FL 33185

Title MGR  
Name ACUNA, ENRIQUE J SR  
Address 801 BRICKELL AVE, SUITE 220  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ACUNA, ENRIQUE J  
Address 801 BRICKELL AVE, SUITE 220  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ACUNA, ADELILA  
Address 15290 SW 30TH TERRACE  
City-State-Zip: MIAMI FL 33185

Title MGR  
Name ACUNA, HERLI  
Address 15290 SW 30TH TERRACE  
City-State-Zip: MIAMI FL 33185

*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:** ENRIQUE J ACUNA

MGR

02/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date