

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000148837

**Entity Name:** CHRISTIAN MENDOZA SERVICES, LLC

**Current Principal Place of Business:**

11601 NW 89 STREET  
APT. 212  
DORAL, FL 33178

**Current Mailing Address:**

11601 NW 89 STREET  
APT. 212  
DORAL, FL 33178 US

**FEI Number:** 32-0474130

**Certificate of Status Desired:** No

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

MENDOZA, CHRISTIAN  
11601 NW 89 STREET  
APT. 212  
DORAL, FL 33178 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            MENDOZA, CHRISTIAN  
Address        11601 NW 89 STREET #212  
City-State-Zip: DORAL FL 33178

*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:** MENDOZA , CHRISTIAN

AMBR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date