

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000159081

Entity Name: COPROVEN, LLC

Current Principal Place of Business:

7090 SW 2ND STREET
MIAMI, FL 33144

Current Mailing Address:

7090 SW 2ND STREET
MIAMI, FL 33144 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLAMA, JUAN C
7090 SW 2ND STREET
MIAMI, FL 33144 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 BUENO TRUJILLO, JAIRO A
Address 7090 SW 2ND STREET
City-State-Zip: MIAMI FL 33144

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: JAIRO A BUENO TRUJILLO

AMBR

04/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date