

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000161536

**Entity Name:** GOTTA SWIMWEAR LLC

**Current Principal Place of Business:**

347 NORTH NEW RIVER DR E  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

347 NORTH NEW RIVER DR E  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 47-5175912

**Certificate of Status Desired:** No

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

SUCRE, RODOLFO  
347 N NEW RIVER DRIVE E  
FORT LAUDERDALE, FL 33301 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 SUCRE, RODOLFO  
Address 347 N NEW RIVER DRIVE E  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGRM  
Name GALLI, MARIA C  
Address 347 NORTH NEW RIVER DR E  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGRM  
Name RODRIGUEZ, VALERIA  
Address AVE DE LA CONSTITUCION 316  
City-State-Zip: SAN JUAN 00901

*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:** MARIA C GALLI

MGRM

04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date