

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000104877

Entity Name: KISQUEYA INVESTMENTS, LLC**Current Principal Place of Business:**567 NW 108 STREET
MIAMI, FL 33168**Current Mailing Address:**567 NW 108 STREET
MIAMI, FL 33168 US**FEI Number:** 81-3152020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANCOL, GEOFFREY N
567 NW 108 STREET
MIAMI, FL 33168 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 MGR
Name PIERRE, FAUDLIN
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title MGR
Name VANCOL, SEAN
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title MGR
Name ST. HUBERT, HADASSAH
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title MGR
Name HERARD, DIMMY
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title MGR
Name CANDIO, SAMUEL
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title AUTHORIZED MEMBER
Name COLAS, FRANCINE
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title AUTHORIZED MEMBER
Name COLAS, DONASTOR
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title AUTHORIZED MEMBER
Name JEAN-GILLES, REGINALD
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

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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: FAUDLIN PIERRE**MANAGER****01/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name CHARLEMAGNE, DAVEFLORE
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title AUTHORIZED MEMBER
Name VANCOL, GEOFFREY N
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title AUTHORIZED MEMBER
Name DESILE, JUDERSON
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168

Title AUTHORIZED MEMBER
Name CIMEUS, TRICIA
Address 567 NW 108 STREET
City-State-Zip: MIAMI FL 33168