

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003533

FILED
Jan 11, 2016
Secretary of State
CC7642735795

Entity Name: MORA WEALTH MANAGEMENT LLC

Current Principal Place of Business:

1450 BRICKELL AVE
SUITE 2900
MIAMI, FL 33131

Current Mailing Address:

1450 BRICKELL AVE
SUITE 2900
MIAMI, FL 33131

FEI Number: 65-0974286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 | MORA MAGRIÑA, JORDI SR. |
| Address | C/O AV MERITXELL 96 - AD500 ANDORA LA VELLA PRINCIPAT D'ANDORRA |
| City-State-Zip: | ANDORA LA VELLA ANDORA LA VELLA ANDORA LA VELLA |
| Title | MANAGER |
| Name | GONZALEZ, PEDRO |
| Address | C/O AV MERITXELL 96-AD500 |
| City-State-Zip: | ANDORRA LA VELLA ANDORRA LA VELLA PRINCIPAT D'ANDORRA AD |

| | |
|-----------------|--|
| Title | MGR. |
| Name | VILALLONGA PUY, MARC |
| Address | C/O MERITXELL 96 - AD500 ANDORA LA VELLA |
| City-State-Zip: | ANDORA LA VELLA ANDORA LA VELLA ANDORA LA VELLA |
| Title | AUTHORIZED MEMBER |
| Name | GAMEZ, DANIELA |
| Address | 1450 BRICKELL AVE SUITE 2900 |
| City-State-Zip: | MIAMI FL 33131 |

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: DANIELA GAMEZ

AUTHORIZED MEMBER

01/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date