

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000082034

Entity Name: 410 PONCE, LLC

FILED  
Jul 11, 2011  
Secretary of State

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD.  
SUITE 612  
CORAL GABLES, FL 33134

**Current Mailing Address:**

747 PONCE DE LEON BLVD.  
SUITE 612  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

747 PONCE DE LEON BLVD.  
SUITE 410  
CORAL GABLES, FL 33134

**New Mailing Address:**

747 PONCE DE LEON BLVD.  
SUITE 410  
CORAL GABLES, FL 33134

FEI Number: 27-3227473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUESADA, G. FRANK ESQ  
1313 PONCE DE LEON BLVD. SUITE 200  
CORAL GABLES, FL 33134 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MACIA, SERGIO  
Address: 747 PONCE DE LEON BLVD. STE 410  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: MACIA, ANDRES  
Address: 747 PONCE DE LEON BLVD. STE 410  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: VILANOVA, SALVADOR  
Address: 747 PONCE DE LEON BLVD. STE 410  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SERGIO MACIA

MGR

07/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date