

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015876

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC2231422287**

**Entity Name:** BANOS LLC

**Current Principal Place of Business:**

9559 COLLINS AVENUE, APT. 202  
SURFSIDE, FL 33154

**Current Mailing Address:**

1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CASTILLO B., ALVARO  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131 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	BANOS, JOSE MARIA C
Address	1390 BRICKELL AVENUE SUITE 200
City-State-Zip:	MIAMI FL 33131
Title	MGRM
Name	BANOS, MARIA PALOMA C
Address	1390 BRICKELL AVENUE SUITE 200
City-State-Zip:	MIAMI FL 33131

Title	MGRM
Name	BANOS, MANUEL C
Address	1390 BRICKELL AVENUE SUITE 200
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:** JOSE MARIA C BANOS

**MGRM**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date