

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021259

**Entity Name:** ALESSANDRI & ASSOCIATES, LLC

**Current Principal Place of Business:**

354 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1614 PENNSYLVANIA AVENUE  
2F  
MIAMI BEACH, FL 33139 US

**FEI Number:** 14-1843881

**Certificate of Status Desired:** Yes

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

ALESSANDRI, MICHAEL PH.D.  
1614 PENNSYLVANIA AVENUE  
2F  
MIAMI BEACH, FL 33139 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 ALESSANDRI, MICHAEL  
Address 1614 PENNSYLVANIA AVE 2F  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name GRADOS, LUIS  
Address 1614 PENNSYLVANIA AVE 2F  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name SOTELO, MARLENE  
Address 9313 ARBORWOOD CIRCLE  
City-State-Zip: DAVIE FL 33328

*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:** LUIS GRADOS

**MGR**

**02/26/2014**

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

\_\_\_\_\_  
Date