

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016086

**Entity Name:** SOTO/BLEAU FONTAINE, LLC

**Current Principal Place of Business:**

1555 N TREASURE DR  
407  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

1555 N TREASURE DR  
407  
NORTH BAY VILLAGE, FL 33141 US

**FEI Number:** 74-3090545

**Certificate of Status Desired:** No

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

FEUERMAN, JONATHAN ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVE., SUITE 2400  
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 P  
Name SOTO, RAFAEL A  
Address 2101 N. BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title VPT  
Name PETERSON, EMILIA M  
Address 2101 N. BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title S  
Name SOTO, LOURDES  
Address 2101 N. BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

*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:** RAFAEL SOTO

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date