

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 09, 2014
Secretary of State
CC6316971408

Entity Name: LAW CENTER OF THE AMERICAS, LLC

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33131

Current Mailing Address:

201 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33131

FEI Number: 20-0593477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS HOLDINGS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
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 MGRV
Name MEYER, JAMES M
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRP
Name HARPER, GEORGE R
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name HAGEN, STEVEN H
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name PEREZ, MANUEL A
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name O'CONNOR, PATRICK J
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name ALBERT, RONALD JR
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name DRIBIN, MICHAEL A
Address 201 SOUTH BISCAYNE BLVD.
SUITE 800
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: GEORGE R. HARPER

MGRP

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date