

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041655

Entity Name: ES VENTURES ONE, LLC**Current Principal Place of Business:**C/O ROBERT BERNEY
9700 S DIXIE HWY - STE 500
MIAMI, FL 33156**Current Mailing Address:**C/O ROBERT BERNEY
9700 S DIXIE HWY - STE 500
MIAMI, FL 33156 US**FEI Number:** 20-1195038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES, FL 33146 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 NEUWAHL, MALCOLM H
Address 1500 SAN REMO AVE. SUITE 125
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name HAMILTON, MCHENRY
Address 9485 SUNSET DRIVE SUITE A-280
City-State-Zip: MIAMI FL 33186

Title MGR
Name SCHRIER, HARRY
Address 7390 SW 153RD STREET
City-State-Zip: MIAMI FL 33157

Title MGR
Name DAVIS, ALAN
Address 1381 BRIER CREEK CIR
City-State-Zip: THE VILLAGES FL 32162

Title MGR
Name LIEVANO, JUAN
Address 11945 SW 100TH TERRACE
City-State-Zip: MIAMI FL 33186

Title PST
Name LIEVANO, JUAN
Address 11945 SW 100TH TERRACE
City-State-Zip: MIAMI FL 33186

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: MALCOLM H NEUWAHL

MGR

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date