

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046070

**Entity Name:** AVERSA CIERO REALTY, LLC

**Current Principal Place of Business:**

5900 N. W. 97TH AVENUE, SUITE 6  
MIAMI, FL 33178

**Current Mailing Address:**

P. O. BOX 226435  
MIAMI, FL 33122 US

**FEI Number:** 57-1209762

**Certificate of Status Desired:** No

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 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 STINSON, LOUIS JR  
Address 2199 PONCE DE LEON BOULEVARD,  
SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name AVERSA, JOSEPH F  
Address 5900 N. W. 97TH AVENUE, SUITE 6  
City-State-Zip: MIAMI FL 33178

Title MGR  
Name CIERO, JOSEPH A  
Address 5900 N. W. 97TH AVENUE, SUITE 6  
City-State-Zip: MIAMI FL 33178

*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:** JOSEPH CIERO

MGR

03/25/2015

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

\_\_\_\_\_  
Date