#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059506

Entity Name: PERSEFONE MANAGEMENT, LLC

ILY NAME. PERSEPONE MANAGEMENT, LL

# **Current Principal Place of Business:**

220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134

### **Current Mailing Address:**

220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIRCLE 11TH FLOOR 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

FILED Apr 08, 2015

**Secretary of State** 

CC8895985446

# Authorized Person(s) Detail:

Title MGR

Name MERCANTIL COMMERCEBANK TRUST

COMPANY, N.A.

Address 220 ALHAMBRA CIRCLE, 11TH FLOOR

City-State-Zip: CORAL GABLES FL 33134

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: MERCANTIL COMMERCEBANK TRUST COMPANY, MGR

04/08/2015

N.A

Electronic Signature of Signing Authorized Person(s) Detail

Date