

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046782

**Entity Name:** LOPEZ & FIGUERAS, LLC

**Current Principal Place of Business:**

2600 DOUGLAS ROAD  
SUITE 811  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 DOUGLAS ROAD  
SUITE 811  
CORAL GABLES, FL 33134

**FEI Number:** 20-4915684

**Certificate of Status Desired:** No

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

LOPEZ, VALENTIN  
2600 DOUGLAS ROAD  
SUITE 811  
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 P  
Name FIGUERAS, LOUIS  
Address 2600 DOUGLAS ROAD, SUITE 811  
City-State-Zip: CORAL GABLES FL 33134

Title PS  
Name LOPEZ, VALENTIN  
Address 2600 DOUGLAS ROAD, SUITE 811  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name BARBEITE, NICASIO J  
Address 2600 DOUGLAS ROAD, SUITE 811  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name DE LOS SANTOS, LUIS  
Address 2600 DOUGLAS ROAD, SUITE 811  
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:** VALENTIN LOPEZ

PS

04/29/2014

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

\_\_\_\_\_  
Date