## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047213

Entity Name: 2330 PONCE LLC

**Current Principal Place of Business:** 

1600 PONCE DE LEON BLVD, SUITE 1025

CORAL GABLES. FL 33134

## **Current Mailing Address:**

1600 PONCE DE LEON BLVD, SUITE 1025 CORAL GABLES. FL 33134

FEI Number: 20-4967848 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ETTEDGUI, ALBERTO 1600 PONCE DE LEON BLVD, SUITE 1025 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** Mar 03, 2014

**Secretary of State** 

CC6677465505

Authorized Person(s) Detail:

Title MGR Title MGR

SAIDEN, AMIN SAIDEN, SILVIA Name Name

1643 BRICKELL AVE, APT 2305 1643 BRICKELL AVE, APT 2305 Address Address

City-State-Zip: MIAMI FL 33129 MIAMI FL 33129 City-State-Zip:

Title MGR

SAIDEN DE NAVARRO, SILVIA Name Address 1643 BRICKELL AVE, APT 2305

City-State-Zip: MIAMI FL 33129

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.

03/03/2014 SIGNATURE: AMIN SAIDEN **MANAGER**