#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099625

Entity Name: LOS CORRALES INVESTMENTS LLC

## **Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE SUITE 800 COCONUT GROVE, FL 33133

# **Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE SUITE 800 COCONUT GROVE, FL 33133

# FEI Number: 20-5696659

## Name and Address of Current Registered Agent:

JORGE L. GURIAN P.A. 2665 SOUTH BAYSHORE DRIVE SUITE 800 COCONUT GROVE, FL 33133 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

#### Authorized Person(s) Detail :

Authorized Person(s) Detail .				
Title	MGRM	Title	MGRM	
Name	CITERONI, TOMMASO A	Name	DE AMADIO, ELISABETTA B	
Address	2665 SOUTH BAYSHORE DRIVE, SUITE 800	Address	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133	
Title	MCRM	Title	MODM	
Title	MGRM	Title	MGRM	
Name	DE CARPICO, ELENA A	Name	AMADIO BEVINI, JOSE LUIS	
Address	2665 SOUTH BAYSHORE DRIVE, SUITE 800	Address	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133	
Title	MGRM	Title	MGRM	
Name	DE ZACCAGNINI, ELIZABETH A	Name	AMADIO DE OSIO, MARIA TERESA	
Address	2665 SOUTH BAYSHORE DRIVE, SUITE 800	Address	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133	

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.

MGRM

# SIGNATURE: TOMMASO A CITERONI

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

04/21/2014

Date