

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000120495

**Entity Name:** PONTE GADEA GABLES LLC

**Current Principal Place of Business:**

2701 LEJEUNE RD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

270 BISCAYNE BOULEVARD WAY  
SUITE 201  
MIAMI, FL 33131

**FEI Number:** 20-8089010

**Certificate of Status Desired:** Yes

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

ROJAS, ALINA  
270 BISCAYNE BOULEVARD WAY  
SUITE 201  
MIAMI, FL 33131 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 VP  
Name ROJAS, ALINA L  
Address 270 BISCAYNE BOULEVARD WAY  
SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ARNAU SIERRA, JOSE  
Address 270 BISCAYNE BOULEVARD WAY  
SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CARRO MERCHAN, JAIME  
Address 270 BISCAYNE BOULEVARD WAY  
SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CIBEIRA MOREIRAS, ROBERTO  
Address 270 BISCAYNE BOULEVARD WAY  
SUITE 201  
City-State-Zip: MIAMI FL 33131

*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:** ALINA ROJAS

VP FINANCE

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date