

2016 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: No

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

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date