

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000003004

**FILED**  
**Mar 01, 2013**  
**Secretary of State**  
**CC7154251664**

**Entity Name:** ALEGUE & SON, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD, STE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD, STE 1050  
CORAL GABLES, FL 33134

**FEI Number:** 56-2632871

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PIONCE DE LEON BLVD, STE 1050  
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 MGRM  
Name PEREZ-RUIZ, EDILBRANDO  
Address MONTECARLO #2,REGION 310, RES.  
VILLA MAGNA  
City-State-Zip: CANCUN QUINTANA ROO 77500

Title MGRM  
Name ALEGUE , LETICIA DEL C.  
Address MONTECARLO #2,REGION 310, RES.  
VILLA MAGNA  
City-State-Zip: CANCUN QUINTANA ROO 77500

Title MGRM  
Name PEREZ ALEGUE, ALEJANDRO  
Address MONTECARLO #2,REGION 310, RES.  
VILLA MAGNA  
City-State-Zip: CANCUN QUINTANA ROO 77500

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDILBRANDO PEREZ-RUIZ

**MGRM**

**03/01/2013**

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

\_\_\_\_\_  
Date