

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087843

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC7856628568**

**Entity Name:** 3138-3190 PONCE, LLC

**Current Principal Place of Business:**

3138-3190 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3601 TOLEDO STREET  
CORAL GABLES, FL 33134

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VASALLO & VASALLO, P.A.  
12394 S.W. 82 AVENUE  
PINECREST, FL 33156 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 AJE 3138-3190 PONCE,LLC  
Address 3601 TOLEDO STREET  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name ROUVIERE, SONYA J  
Address 4025 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title AUTHORIZED REPRESENTATIVE  
Name MAROON, LISA  
Address 608 CADAGUA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

*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:** ALEXIS J. EHRENHAFT

**MGRM**

**01/28/2016**

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

\_\_\_\_\_  
Date