

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030767

**Entity Name:** FARALA HOLDINGS, LLC

**Current Principal Place of Business:**

3500 MYSTIC POINTE DRIVE  
UNIT 3102  
AVENTURA, FL 33180

**Current Mailing Address:**

3500 MYSTIC POINTE DRIVE  
UNIT 3102  
AVENTURA, FL 33180

**FEI Number:** 26-2368083

**Certificate of Status Desired:** No

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

CUEVAS, ORTIZ & CUBAS, P.A.  
7480 SW 40TH STREET  
SUITE 600  
MIAMI, FL 33155 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 SAADE DE JESURUN, FADIA  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN FRANCO, RAMON  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN, FADIA  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN, RAMON J  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name JESURUN, LAURA  
Address 3500 MYSTIC POINTE DRIVE, UNIT 3102  
City-State-Zip: AVENTURA FL 33180

*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:** SAADE DE JESURUN , FADIA

MGRM

04/19/2013

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

\_\_\_\_\_  
Date