

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032335

**Entity Name:** SEGABAL, LLC

**Current Principal Place of Business:**

9700 COLLINS AVE. # 239  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-2301251

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 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	Title	MGRM
Name	SEGABAL SILVER, LLC	Name	DIBA, LLC
Address	2121 PONCE DE LEON BLVD. #1050	Address	10350 W. BAY HARBOR DR., UNIT 3-G
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	BAY HARBOR ISLAND FL 33154

*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:** JOSE SIMON JACOBO

MGRM

03/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date