

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034264

**Entity Name:** BUENO 1512 CLUB, LLC

**Current Principal Place of Business:**

7801 NW 37 STREET  
LP104  
DORAL, FL 33166

**Current Mailing Address:**

7801 NW 37 STREET  
LP104  
DORAL, FL 33166

**FEI Number:** 26-4792373

**Certificate of Status Desired:** No

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

SBS BPO INC  
7801 NW 37 STREET  
LP104  
DORAL, FL 33166 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 MGR  
Name BUENO MARTINEZ, JOSE E  
Address CALLE HUMBOLDT NO. 481 APT 501  
City-State-Zip: QUITO

Title MGRM  
Name BUENO VILLACORTA, JOSE E  
Address CALLE HUMBOLDT NO. 481 APT 501  
City-State-Zip: QUITO

Title MGRM  
Name BUENO VILLACORTA, ANDRES  
Address CALLE HUMBOLDT NO. 481 APT 501  
City-State-Zip: QUITO

Title MGRM  
Name BUENO VILLACORTA, MARIA C  
Address CALLE HUMBOLDT NO. 481 APT 501  
City-State-Zip: QUITO

Title MGRM  
Name BUENO VILLACORTA, MARIA E  
Address CALLE HUMBOLDT NO. 481 APT 501  
City-State-Zip: QUITO

*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:** JOSE E BUENO MARTINEZ

MGR

03/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date