

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047676

**FILED**  
**Feb 11, 2016**  
**Secretary of State**  
**CC7205877839**

**Entity Name:** SEPULVEDA INVESTMENTS, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
601  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
601  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-3238655

**Certificate of Status Desired:** No

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

BARED, PABLO RESQ  
201 ALHAMBRA CIRCLE  
601  
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 MGR  
Name PERALTA, LUIS  
Address 201 ALHAMBRA CIRCLE  
601  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SEPULVEDS, MARIA G  
Address 201 ALHAMBRA CIRCLE  
601  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PERALTA, LUIS MANUEL  
Address 201 ALHAMBRA CIRCLE  
601  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PERALTA, RODRIGO  
Address 201 ALHAMBRA CIRCLE  
601  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PERALTA, TAMARA  
Address 201 ALHAMBRA CIRCLE  
601  
City-State-Zip: CORAL GABLES FL 33134

Title MRGM  
Name PERLTA, ANA GABRIELA  
Address 201 ALHAMBRA CIRCLE  
601  
City-State-Zip: CORAL GABLES FL 33134

*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:** LUIS PERALTA

D

02/11/2016

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

\_\_\_\_\_  
Date