

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115354

**Entity Name:** BMA INVENTION LLC**Current Principal Place of Business:**2000 PONCE DE LEON BLVD  
600  
CORAL GABLES, FL 33134**Current Mailing Address:**2000 PONCE DE LEON BLVD  
600  
CORAL GABLES, FL 33134 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVESTRE, CHRISTIAN P  
2000 PONCE DE LEON BLVD  
600  
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:** CHRISTIAN SILVESTRE

01/11/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	INKRON LLC
Address	2000 PONCE DE LEON BLVD, SUITE 600
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MORLA, SUSAN
Address	2000 PONCE DE LEON BLVD 600
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	ANNEIROS, DENNIS
Address	201 S BISCAYNE BLVD SUITE 905
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	ARTHUR, URSULA
Address	2000 PONCE DE LEON BLVD 600
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:** EDMUNDO KRONFLE

MGRM

01/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date