## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021228

Entity Name: BESIDU, LLC

**FILED** May 07, 2014 **Secretary of State** CC5828967526

## **Current Principal Place of Business:**

4000 PONCE DE LEON BOULEVARD

SUITE 570

CORAL GABLES, FL 33146

## **Current Mailing Address:**

4000 PONCE DE LEON BOULEVARD **SUITE 570** CORAL GABLES, FL 33146 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JEFFREY S. TANEN, P.A. 4000 PONCE DE LEON BOULEVARD **SUITE 570** CORAL GABLES, FL 33146 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: JEFFREY S. TANEN 05/07/2014

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name DUMONTET REMONDA, MARIA JOSE Name REMONDA LAMAS, SILVIA NORMA

4000 PONCE DE LEON BOULEVARD 4000 PONCE DE LEON BOULEVARD Address Address

**SUITE 570 SUITE 570** 

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title MGR Title **MGRM** 

Name DUMONTET REMONDA, MARIA BELEN Name DUMONTET, HECTOR AUGUSTO R

4000 PONCE DE LEON BOULEVARD Address Address 4000 PONCE DE LEON BOULEVARD

SUITE 570 SUITE 570

City-State-Zip: CORAL GABLES FL 33146 CORAL GABLES FL 33146 City-State-Zip:

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: HECTOR AUGUSTO ROQUE DUMONTET

**MGRM** 

05/07/2014