

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051710

**Entity Name:** ADVAL CONSULTING, LLC

**Current Principal Place of Business:**

2600 SOUTH DOUGLAS ROAD  
900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 SOUTH DOUGLAS ROAD  
900  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-2612690

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name RODRIGUEZ, JULIAN J  
Address 2600 SOUTH DOUGLAS ROAD  
900  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name NEGRIN, ALBERTO O  
Address 2600 SOUTH DOUGLAS ROAD  
900  
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:** JULIAN RODRIGUEZ

**MANAGER**

**04/17/2015**

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

\_\_\_\_\_  
Date