

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015262

**Entity Name:** SANTA MARIA DE SANTA CRUZ, LLC

**Current Principal Place of Business:**

C/O MELISSA P. LANZA, P.A.  
104 CRANDON BLVD., SUITE 420  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

C/O MELISSA P. LANZA, P.A.  
104 CRANDON BLVD., SUITE 420  
KEY BISCAYNE, FL 33149

**FEI Number:** 30-0665035

**Certificate of Status Desired:** No

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

LANZA, MELISSA PESQ.  
104 CRANDON BLVD., SUITE 420  
KEY BISCAYNE, FL 33149 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 YOVHIO FERREIRA, PEDRO A  
Address 104 CRANDON BLVD., SUITE 420  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name YOVHIO ORTIZ, CRISTHIAN P  
Address 104 CRANDON BLVD., SUITE 420  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name YOVHIO ORTIZ, NATHALY  
Address 104 CRANDON BLVD., SUITE 420  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name YOVHIO ORTIZ, MARCO A  
Address 104 CRANDON BLVD., SUITE 420  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** PEDRO A YOVHIO FERREIRA

MR.

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date