

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032345

**Entity Name:** PROJECT 8, LLC**Current Principal Place of Business:**2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134**FEI Number:** 45-1606996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD.  
SUITE 1225  
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 AVILA, ALCIDES I  
Address 2525 PONCE DE LEON BLVD, STE.  
1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HERNANDEZ, PATRICIA M  
Address 2525 PONCE DE LEON BLVD, STE.  
1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name GARRO, ASNARDO  
Address 2525 PONCE DE LEON BLVD, STE.  
1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name RODRIGUEZ, WILFREDO A  
Address 2525 PONCE DE LEON BLVD.  
SUITE 1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name MENA, DANIEL O  
Address 2525 PONCE DE LEON BLVD.  
SUITE 1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name FERRI, MARCO  
Address 2525 PONCE DE LEON BLVD.  
SUITE 1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HERNANDEZ, EUGENIO  
Address 2525 PONCE DE LEON BLVD.  
SUITE 1225  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BARRETO TERCILLA, MAGGIE  
Address 2525 PONCE DE LEON BLVD.  
SUITE 1225  
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:** ALCIDES AVILA**MANAGER****02/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date