

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000057745

**Entity Name:** 3S VENTURE ASSOCIATES, LLC

**Current Principal Place of Business:**

801 BRICKELL KEY BLVD.  
UNIT 1002  
MIAMI, FL 33131

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC0361737688**

**Current Mailing Address:**

801 BRICKELL KEY BLVD.  
UNIT 1002  
MIAMI, FL 33131 US

**FEI Number:** 45-2279632

**Certificate of Status Desired:** Yes

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

TISAIRE, RAMON  
801 BRICKELL KEY BLVD.  
UNIT 1002  
MIAMI, FL 33131 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            PRESIDENT  
Name            TISAIRE, RAMON  
Address        801 BRICKELL KEY BLVD., UNIT 1002  
City-State-Zip: MIAMI FL 33131

Title            MANAGER  
Name            TISAIRE, MARGARITA S  
Address        801 BRICKELL KEY BLVD., UNIT 1002  
City-State-Zip: MIAMI FL 33131

*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:** RAMON TISAIRE

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date