

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067878

**Entity Name:** PLAZA 120 LLC

**Current Principal Place of Business:**

17021 NO BAY ROAD  
APT 120  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

6065 NW 167 ST  
SUITE B10  
MIAMI, FL 33015 US

**FEI Number:** 45-2971892

**Certificate of Status Desired:** No

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

GSR ACCOUNTING SERVICE  
6065 NW 167 ST  
SUITE B10  
MIAMI, FL 33015 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 MGRM  
Name ALVAREZ, MARCELO A  
Address 17021 NO BAY RD APT 120  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name ALVAREZ, ALEJANDRO  
Address 17021 NO BAY RD APT 120  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name CERIANA, JUAN CARLOS M  
Address 17021 NO BAY RD APT 120  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name CASTRILLON, DIEGO GUSTAVO  
Address 17021 NO BAY RD APT 120  
City-State-Zip: SUNNY ISLES FL 33160

*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:** DIEGO GUSTAVO CASTRILLON

**MANAGER**

**04/20/2016**

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

\_\_\_\_\_  
Date