

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093519

**Entity Name:** MED VILLAS 214 JMB

**Current Principal Place of Business:**

2929 SW 3RD AVE  
210  
MIAMI, FL 33129

**Current Mailing Address:**

2929 SW 3RD AVE  
210  
MIAMI, FL 33129

**FEI Number:** 45-5480008

**Certificate of Status Desired:** No

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

GIMENEZ, FERNANDO  
2929 SW 3RD AVE  
210  
MIAMI, FL 33129 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 GIMENEZ, FERNANDO  
Address 2929 SW 3RD AVE, SUITE 210  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name GIMENEZ, RICARDO  
Address 2929 SW 3RD AVE, SUITE 210  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name GIMENEZ ZAPIOLA, RODRIGO  
Address 2929 SW 3RD AVE, SUITE 210  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name GARCIA CALVO, ISABEL  
Address 2929 SW 3RD AVE, SUITE 210  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name GARCIA CALVO, MARTIN  
Address 2929 SW 3RD AVE, SUITE 210  
City-State-Zip: MIAMI FL 33129

*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:** FERNANDO GIMENEZ

MGRM

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date