

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000137396

**Entity Name:** GAINSIGN FLORIDA, LLC.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD., SUITE 1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 140970  
CORAL GABLES, FL 33114

**FEI Number:** 99-0372369

**Certificate of Status Desired:** No

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

PRATS FERNANDEZ & CO  
999 PONCE DE LEON BLVD., SUITE 1110  
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	Title	MGR
Name	ROSAS BEST, RENE G	Name	JUBIS, DIAZ VICTORIA
Address	P.O. BOX 140970	Address	P.O. BOX 140970
City-State-Zip:	CORAL GABLES FL 33114	City-State-Zip:	CORAL GABLES FL 33114

*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:** RENE G. ROSAS BEST

MGR

01/30/2014

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

\_\_\_\_\_  
Date