

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116605

**Entity Name:** LEVERED NASHVILLE FLEXX II LLC

**Current Principal Place of Business:**

846 LINCOLN ROAD, FOURTH FLOOR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

846 LINCOLN ROAD, FOURTH FLOOR  
MIAMI BEACH, FL 33139

**FEI Number:** 46-0952548

**Certificate of Status Desired:** No

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

LEMONS, CARLOS FELIPE  
846 LINCOLN ROAD, FOURTH FLOOR  
MIAMI BEACH, FL 33139 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           MANAGER  
Name           LEMONS, CARLOS F.  
Address       846 LINCOLN ROAD  
                  4TH FLOOR  
City-State-Zip: MIAMI BEACH FL 33139

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS FELIPE LEMOS

**MANAGER**

**02/04/2013**

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

\_\_\_\_\_  
Date