

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000118816

**Entity Name:** 1800 SANS SOUCI LLC

**Current Principal Place of Business:**

5099 NW 7TH ST APT 203  
MIAMI, FL 33126

**Current Mailing Address:**

5099 NW 7TH ST APT 203  
MIAMI, FL 33126 US

**FEI Number:** 46-1015230

**Certificate of Status Desired:** No

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

ACCOUNTANT & MANAGEMENT  
1549 NE 123RD ST  
NORTH MIAMI, FL 33161 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 GUNTIN, CARLOS ALBERTO  
Address 5099 NW 7TH ST APT 203  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name ANGELINETTI, CELIA INES  
Address 5099 NW 7TH ST APT 203  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name AGUILAR, LUCIA BEATRIZ  
Address 5099 NW 7TH ST APT 203  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name FERRO, JORGE LUCIO  
Address 5099 NW 7TH ST APT 203  
City-State-Zip: MIAMI FL 33126

*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:** JORGE LUCIO FERRO

MR

03/22/2015

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

\_\_\_\_\_ Date