**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 30, 2014**
**Secretary of State**
**CC6304862097**

DOCUMENT# L13000010857

**Entity Name:** CORONA HOLDINGS XIX LLC

**Current Principal Place of Business:**

6834 SUNRISE DRIVE
CORAL GABLES, FL 33133

**Current Mailing Address:**

6834 SUNRISE DRIVE
CORAL GABLES, FL 33133 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

CORONA, NICOLE
6834 SUNRISE DRIVE
CORAL GABLES, FL 33133 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 | CORONA, RAMON |
| Address | 6834 SUNRISE DRIVE |
| City-State-Zip: | CORAL GABLES FL 33133 |

*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: RAMON CORONA MANAGER 04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date