

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000025415

**Entity Name:** PODALSA, LLC**Current Principal Place of Business:**465 BRICKELL AVE SUITE 2303  
MIAMI, FL 33131**Current Mailing Address:**465 BRICKELL AVE SUITE 2303  
MIAMI, FL 33131 US**FEI Number: 46-2064252****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVAS FINANCIAL SERVICES LLC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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
Name	PEYON CASARETTO, ALFONSO
Address	465 BRICKELL AVE SUITE 2303
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	OLARESCU, SANDRA
Address	465 BRICKELL AVE SUITE 2303
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	PEYON OLARESCU, ALFONSO
Address	465 BRICKELL AVE SUITE 2303
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	PEYON OLARESCU, DIEGO
Address	465 BRICKELL AVE SUITE 2303
City-State-Zip:	MIAMI FL 33131

*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: ALFONSO PEYON CASARETTO****MGR****03/22/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date