

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000048317

**Entity Name:** INSTITUTO DE MEJORAMIENTO PROFESIONAL BOCAS DEL MONTE LLC

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC5032219395**

**Current Principal Place of Business:**

7950 NW 53 ST  
337  
DORAL, FL 33166

**Current Mailing Address:**

7950 NW 53 ST  
337  
DORAL, FL 33166

**FEI Number: 46-2441799**

**Certificate of Status Desired: No**

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

MENDEZ PINEDA, MARIA I  
7950 NW 53 ST  
337  
DORAL, FL 33166 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:** MARIA I MENDEZ PINEDA

03/24/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MENDEZ PINEDA, MARIA I  
Address 7950 NW 53 ST SUITE 215  
City-State-Zip: DORAL FL 33166

*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:** MARIA INES MENDEZ PINEDA

**PRESIDENT**

03/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date