

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000064031

**Entity Name:** S&S RITZ STATE, LLC

**Current Principal Place of Business:**

437 SW 2ND ST  
MIAMI, FL 33130

**Current Mailing Address:**

437 SW 2ND ST  
MIAMI, FL 33130 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ALBOMOZ, WILLIAM  
901 PONCE DE LEON BLVD., SUITE 603  
CORAL GABLES, FL 33134 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	Title	MGR
Name	VANEGAS, SANTIAGO	Name	CORDOVEZ, SANTIAGO
Address	901 PONCE DE LEON BLVD., SUITE 603	Address	901 PONCE DE LEON BLVD., SUITE 603
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** SANTIAGO VANEGAS

**MGR**

**04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date