

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111236

**Entity Name:** SALES OUTCOMES PARTNERS, LLC

**Current Principal Place of Business:**

100 ALMERIA AVENUE  
STE 204  
CORAL GABLES, FL 33134

**Current Mailing Address:**

100 ALMERIA AVENUE  
STE 204  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-3413372

**Certificate of Status Desired:** No

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

GIMENES, AIRTON J  
100 ALMERIA AVENUE  
SUITE 204  
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 MGRM  
Name SALES OUTCOMES, INC/HERNAN VERA  
Address 100 ALMERIA AVENUE SUITE 204  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name ML ENTERPRISES WESTON, LLC/MARCOS LOUREIRO  
Address 600 NE 27TH STREET LPH 4  
City-State-Zip: MIAMI FL 33137

Title MGRM  
Name GIMENES ENTERPRISES INC/ AIRTON GIMENES.  
Address 4527 SAN AMARO DRIVE  
City-State-Zip: CORAL GABLES FL 33146

*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:** HERNAN C. VERA

**MANAGING PARTNER**

**01/15/2017**

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

\_\_\_\_\_  
Date