

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000158133

**Entity Name:** XYPRON LLC

**Current Principal Place of Business:**

C/O GFB TAX SVCE 6303 BLUE LAGOON DR  
SUITE 400  
MIAMI, FL 33126

**Current Mailing Address:**

C/O GFB TAX SVCE 6303 BLUE LAGOON DR  
SUITE 400  
MIAMI, FL 33126 US

**FEI Number:** 80-0960466

**Certificate of Status Desired:** No

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

GFB TAX SERVICE LLC  
6306 BLUE LAGOON DR  
SUITE 400  
MIAMI, FL 33126 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 OCONNOR, MARIANA A  
Address C/O GFB TAX 6303 BLUE LAGOON DR  
STE 400  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name DEVRIES, ALBERTO N  
Address C/O GFB TAX 6303 BLUE LAGOON DR  
STE 400  
City-State-Zip: MIAMI FL 33126

*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:** MARIANA A OCONNOR

MGRM

01/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date