2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000005784

Entity Name: CENTRO 2605, LLC

Current Principal Place of Business:

232 ANDALUSIA AVE STE 202 CORAL GABLES. FL 33134

Current Mailing Address:

232 ANDALUSIA AVE STE 202 CORAL GABLES. FL 33134

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

NCG MANAGEMENT, LLC 232 ANDALUSIA AVE STE 202 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

Authorized Person(s) Detail :

| Title | MGR | Title | MGR | |
|-----------------|---------------------------|-----------------|---------------------------|--|
| Name | GARCIA, DAGMAR | Name | LINCE, ALYSSA | |
| Address | 232 ANDALUSIA AVE STE 202 | Address | 232 ANDALUSIA AVE STE 202 | |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 | |
| | | | | |
| | | | | |
| Title | MGR | | | |
| Title Name | MGR GARCIA, GERARDO | | | |
| | | | | |
| Name | GARCIA, GERARDO | | | |

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: ALYSSA LINCE

MANAGER

03/28/2016 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 28, 2016 Secretary of State CC3752877966

Certificate of Status Desired: No