

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014194

**FILED**  
**Mar 08, 2015**  
**Secretary of State**  
**CC1364972539**

**Entity Name:** ATHOS DIACONO LLC

**Current Principal Place of Business:**

1390 BRICKELL AVE.  
SUITE 270  
MIAMI, FL 33131

**Current Mailing Address:**

1390 BRICKELL AVE  
SUITE 270  
MIAMI, FL 33131 US

**FEI Number:** 46-5656421

**Certificate of Status Desired:** Yes

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

DIACONO, CLAUDIA  
1390 BRICKELL AVE  
SUITE 270  
MIAMI, FL 33131 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:** CLAUDIA DIACONO

03/08/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DIACONO MARENAS, CLAUDIA  
Address 1390 BRICKELL AVE. - SUITE 270  
City-State-Zip: MIAMI FL 33131  
  
Title MGRM  
Name DIACONO MAGALHAES, MARCELO  
Address 1390 BRICKELL AVE. - SUITE 270  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name DIACONO MAGALHAES, FELIPE  
Address 1390 BRICKELL AVE. - SUITE 270  
City-State-Zip: MIAMI FL 33131  
  
Title MGR  
Name RATINETZ, EDUARDO  
Address 1390 BRICKELL AVE. - SUITE 270  
City-State-Zip: MIAMI FL 33131

*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:** CLAUDIA DIACONO MARENAS

MANAGER MEMBER

03/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date