

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000072385

**Entity Name:** THE TELLENEAUT GROUP LLC.

**Current Principal Place of Business:**

7770 HAWTHORNE AVE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

7770 HAWTHORNE AVE  
MIAMI BEACH, FL 33141 US

**FEI Number:** 46-5546885

**Certificate of Status Desired:** No

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

LETOURNEAUT-TELLEZ , LEONOR  
7770 HAWTHORNE AVE  
MIAMI BEACH, FL 33141 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:** LEONOR LETOURNEAUT-TELLEZ

04/21/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHIEF FINANCIAL OFFICER,  
AUTHORIZED MANAGING MEMBER  
Name TELLEZ, GEORGE LUIS  
Address 7770 HAWTHORNE AVE  
City-State-Zip: MIAMI BEACH FL 33141

Title PRESIDENT, CHIEF EXECUTIVE  
OFFICER, AUTHORIZED MANAGING  
MEMBER  
Name LETOURNEAUT-TELLEZ, LEONOR  
Address 7770 HAWTHORNE AVE  
City-State-Zip: MIAMI BEACH FL 33141

Title VICE PRESIDENT, CHIEF OPERATING  
OFFICER, AUTHORIZED MANAGING  
MEMEBER  
Name LETOURNEAUT, MIGUEL PEDRO  
Address 7770 HAWTHORNE AVE  
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR, AUTHORIZED MANAGING  
MEMBER  
Name LETOURNEAUT , JOSEFINA  
Address 7770 HAWTHORNE AVE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** LEONOR LETOURNEAUT-TELLEZ

PRESIDENT, CHIEF  
EXECUTIVE OFFICER,  
AUTHORIZED MANAGING  
MEMBER

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date