## SIGNATURE: CATALINA MONSALVE

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000012905

Entity Name: A-PROPOSITO GROUP, LLC

#### **Current Principal Place of Business:**

450 ALTON RD 2507 MIAMI BEACH, FL 33139

#### **Current Mailing Address:**

450 ALTON RD 2507 MIAMI BEACH, FL 33139

#### FEI Number: 47-2895667

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

MONSALVE, CATALINA 450 ALTON RD 2507 MIAMI BEACH, FL 33139 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 |  |
| Name                          | CATALINA, MONSALVE | Name  |  |

| The             | MGR                  | The             | MGR                      |
|-----------------|----------------------|-----------------|--------------------------|
| Name            | CATALINA, MONSALVE   | Name            | PIEDRAHITA, MARY E       |
| Address         | 450 ALTON RD #2507   | Address         | 253 NE 2ND STREET #S-314 |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI FL 33132           |

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

MGR

### FILED Feb 28, 2016 Secretary of State CC9758640736

Certificate of Status Desired: No

02/28/2016

Date

Date