

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071250

**Entity Name:** 379 PACIFIC, LLC

**Current Principal Place of Business:**

9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173

**Current Mailing Address:**

9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMA PROFESSIONAL SERVICES, INC.  
9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173 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 AUTHORIZED MEMBER  
Name HITTI, DANIEL E  
Address 9240 SUNSET DRIVE, STE 236  
City-State-Zip: MIAMI FL 33173

Title AUTHORIZED MEMBER  
Name PEREDA, FRANCISCO  
Address 9240 SUNSET DRIVE, STE 236  
City-State-Zip: MIAMI FL 33173

Title AUTHORIZED MEMBER  
Name EIRIS, RAUL  
Address 9240 SUNSET DRIVE, STE 236  
City-State-Zip: MIAMI FL 33173

Title AUTHORIZED MEMBER  
Name GOMEZ, GONZALO  
Address 9240 SUNSET DRIVE, STE 236  
City-State-Zip: MIAMI FL 33173

Title AUTHORIZED MEMBER  
Name ALPHA FLORIDA LLC.  
Address 9240 SUNSET DRIVE  
SUITE 236  
City-State-Zip: MIAMI FL 33173

*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:** HITTI , DANIEL E

**AUTHORIZED MEMBER**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date