

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000143586

**Entity Name:** ACADEMIA DE BAILA CON PASION, LLC

**Current Principal Place of Business:**

110 SW MONTEREY RD  
SUITE #5  
STUART, FL 34994

**Current Mailing Address:**

7587 PINE LAKES BLVD  
PORT ST. LUCIE, FL 34952

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MERCEDES, SANDRA  
7587 PINE LAKES BLVD  
PORT ST LUCIE, FL 34952 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           | MGR                    | Title           | MGR                     |
| Name            | MERCEDES, PEDRO        | Name            | MERCEDES, SANDRA        |
| Address         | 7587 PINE LAKES BLVD   | Address         | 7587 PINE LAKES BLVD    |
| City-State-Zip: | PORT ST LUCIE FL 34952 | City-State-Zip: | PORT ST. LUCIE FL 34952 |

*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:** CASSANDRA DE MERCEDES

**PRESIDENT**

**04/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date