

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000014585

**Entity Name:** MERSERBLANDINA, LLC

**Current Principal Place of Business:**

9999 SUMMERBREEZE DR UNIT 819  
SUNRISE, FL 33322

**Current Mailing Address:**

5315 KIAM ST UNIT D  
HOUSTON, TX 77007 US

**FEI Number:** 47-5287269

**Certificate of Status Desired:** No

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

PALACIOS, SERGIO R  
9999 SUMMERBREEZE DR UNIT 819  
SUNRISE, FL 33322 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 AMBR  
Name PALACIOS, SERGIO R  
Address 5315 KIAM ST UNIT D  
City-State-Zip: HOUSTON TX 77007

Title MGR  
Name COLMENARES, MERCEDES J  
Address 9999 SUMMERBREEZE DR UNIT 819  
City-State-Zip: SUNRISE FL 33322

Title MGR  
Name PALACIOS COLMENARES, MERCEDES J  
Address 9999 SUMMERBREEZE DR UNIT 819  
City-State-Zip: SUNRISE FL 33322

Title MGR  
Name PALACIOS COLMENARES, BLANCA C  
Address 9999 SUMMERBREEZE DR UNIT 819  
City-State-Zip: SUNRISE FL 33322

Title MGR  
Name PALACIOS COLMENARES, ANDREINA C  
Address 9999 SUMMERBREEZE DR UNIT 819  
City-State-Zip: SUNRISE FL 33322

*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:** SERGIO PALACIOS

AMBR

04/12/2017

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

\_\_\_\_\_  
Date