

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004850

Entity Name: R2 INTERNET VENTURES, L.L.C.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD.
SUITE 800
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD.
SUITE 800
CORAL GABLES, FL 33134**FEI Number:** 65-0940330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URBINA, RAFAEL
2121 PONCE DE LEON BLVD
SUITE 800
CORAL GABLES, FL 33134 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 MGRM
Name RAFAEL, URBINA-QUINTER
Address 2121 PONCE DE LEON BLVD STE 800
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name LUCHSINGER, CARLOS
Address 2121 PONCE DE LEON BLVD STE 800
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name ROSENBERG, STEVEN
Address 2121 PONCE DE LEON BLVD STE 800
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name SANTAELLA, HECTOR
Address 2121 PONCE DE LEON BLVD STE 800
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name PERAZA, LUIS
Address 2121 PONCE DE LEON BLVD STE 800
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name TANCREDI, RODOLFO
Address 2121 PONCE DE LEON BLVD STE 800
City-State-Zip: CORAL GABLES FL 33134

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: RAFAEL URBINA-QUINTERO**MANAGER****04/13/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date