

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068553

Entity Name: CC1 COMPANIES LLC

FILED
Feb 03, 2012
Secretary of State

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
SUITE 304
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE
SUITE 304
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-8608114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO, P.A.
1200 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DE LA CRUZ, CARLOS M SR.
Address: 220 ALHAMBRA CIRCLE, STE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MVPS
Name: DE LA CRUZ, ALBERTO E
Address: 220 ALHAMBRA CIRCLE, STE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MVPA
Name: RIVERA, ALBERTO
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPAS
Name: BRAVO, JULIO
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPAS
Name: ABUID, NICOLAS
Address: 220 ALHAMBRA CIRCLE, SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CARLOS M. DE LA CRUZ, SR.

MGRM

02/03/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date