

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097976

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** CNSGROUP MANAGEMENT, LLC

**Current Principal Place of Business:**

9300 SW 87 AVE STE 6  
MIAMI, FL 33176 1

**New Principal Place of Business:**

**Current Mailing Address:**

9300 SW 87 AVE STE 6  
MIAMI, FL 33176 1

**New Mailing Address:**

**FEI Number:** 26-1179038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IBARS, GEORGE C  
6200 SW 72 STREET, SUITE 403  
SOUTH MIAMI, FL 33143 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:** MGR  
**Name:** IBARS, GEORGE C MD  
**Address:** 9300 SW 87 AVE STE 6  
**City-St-Zip:** MIAMI, FL 33176 1

**Title:** MGR  
**Name:** TRAINA, JOSEPH A  
**Address:** 9300 S.W. 87TH AVENUE, #6  
**City-St-Zip:** MIAMI, FL 33176 1

**Title:** MGR  
**Name:** PRATS, ANTONIO R  
**Address:** 9300 S.W. 87TH AVENUE, #6  
**City-St-Zip:** MIAMI, FL 33176 1

**Title:** MGR  
**Name:** ACEBAL, PABLO A  
**Address:** 9300 S.W. 87TH AVENUE, #6  
**City-St-Zip:** MIAMI, FL 33176 1

**Title:** MGR  
**Name:** JORGE, ALLAN M  
**Address:** 9300 S.W. 87TH AVENUE, #6  
**City-St-Zip:** MIAMI, FL 33176 1

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:** GEORGE C. IBARS

MGR

03/19/2012

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