

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049405

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TRAVERIA-GONZALEZ FAMILY OFFICE SERVICES, LLC

**Current Principal Place of Business:**

708 SOUTH DIXIE HIGHWAY  
SUITE 100  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

708 SOUTH DIXIE HIGHWAY  
SUITE 100  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 27-0225757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAVERIA-GONZALEZ, CARIDAD  
708 SOUTH DIXIE HIGHWAY  
SUITE 100  
CORAL GABLES, FL 33146 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:** TRAVERIA-GONZALEZ, CARIDAD  
**Address:** 708 SOUTH DIXIE HIGHWAY, SUITE 100  
**City-St-Zip:** CORAL GABLES, FL 33146

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: CARIDAD TRAVERIA-GONZALEZ

MGRM

04/29/2011

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