

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120064

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** SUAVE INVESTMENTS, LLC

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 27-1507086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE  
SUITE 500  
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: CASTELLON, CARLOS M  
Address: 255 ALHAMBRA CIRCLE #500  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: PICONE, GUILLERMO  
Address: 255 ALHAMBRA CIRCLE SUITE 500  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: ROMERO, HUGO F  
Address: 255 ALHAMBRA CIRCLE SUITE 500  
City-St-Zip: CORAL GABLES, FL 33134

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. CASTELLON

MGRM

04/23/2012

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