

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087462

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** 345 PALERMO, LLC

**Current Principal Place of Business:**

345 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

345 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 27-3286731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMONS, BARRY L ESQ.  
9100 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156 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:** REYES, ANGEL  
**Address:** 345 PALERMO AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** REYES, CAROLYN  
**Address:** 345 PALERMO AVENUE  
**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:** ANGEL M. REYES

MGRM

02/13/2012

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