

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080736

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** TERRA PROPERTY SERVICES, LLC

**Current Principal Place of Business:**

1110 BRICKELL AVE., SUITE 310  
MIAMI, FL 33131

**New Principal Place of Business:**

1024 ALHAMBRA CIRCLE  
MIAMI, FL 33134

**Current Mailing Address:**

1110 BRICKELL AVE., SUITE 310  
MIAMI, FL 33131

**New Mailing Address:**

CRC 407 PO BOX 02-5635  
MIAMI, FL 33134

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVE., SUITE 310  
MIAMI, FL 33131    US

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

SARGENT, ELIZABETH A  
1024 ALHAMBRA CIRCLE  
MIAMI, FL 33134    US

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: ELIZABETH SARGENT

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FRANCESCHI, TOMAS  
Address: 1024 ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33134

Title: TVP  
Name: FRANCESCHI, TOMAS  
Address: 1024 ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33134

Title: MGR  
Name: SARGENT, ELIZABETH A  
Address: 1024 ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33134

Title: PS  
Name: SARGENT, ELIZABETH A  
Address: 1024 ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, 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: ELIZABETH SARGENT

MGRM

05/01/2012

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