

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132432

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

**Entity Name:** ML RIVERO CONSULTING, LLC

**Current Principal Place of Business:**

1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 45-4203338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALORI, PETER F  
1000 BRICKELL AVENUE  
SUITE 1020  
MIAMI, FL 33131 US

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

RIVERO, MANUEL L  
1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, 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:** MANUEL L. RIVERO

02/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RIVERO, MANUEL  
**Address:** 1313 PONCE DE LEON BLVD. SUITE 201  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGRM  
**Name:** RIVERO, MANUEL L  
**Address:** 1313 PONCE DE LEON BLVD. SUITE 201  
**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:** MANUEL L. RIVERO

MGRM

02/13/2012

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