

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003739

FILED  
Jun 11, 2012  
Secretary of State

**Entity Name:** PEREZ QUIROZ SANTRONI - ABOGADOS CONSULTORES, L.L.C.

**Current Principal Place of Business:**

AV. 27 DE FEBRERO #495  
TORRE FORUM, SUITE 5-B,  
SANTO DOMINGO, DOMINICAN REP, DN OC

**New Principal Place of Business:**

AV. 27 DE FEBRERO #495  
TORRE FORUM, SUITE 5-B,  
SANTO DOMINGO, DN 10140 DR

**Current Mailing Address:**

AV. 27 DE FEBRERO #495  
TORRE FORUM, SUITE 5-B,  
SANTO DOMINGO, DOMINICAN REP, DN OC

**New Mailing Address:**

AV. 27 DE FEBRERO #495  
TORRE FORUM, SUITE 5-B,  
SANTO DOMINGO, DN 10140 DR

**FEI Number:** 98-0667456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FERNANDEZ, MIRTHA  
201 WATERVIEW DR  
PALM SPRINGS, FL 33461 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: MGR  
Name: PEREZ REYES, GISELLE  
Address: AV.27 DE FEBRERO #495, TORRE FORUM, 5-B  
City-St-Zip: SANTO DOMINGO, DOMINICAN REP, DN

Title: MGRM  
Name: QUIROZ, JOSE A  
Address: AV.27 DE FEBRERO #495, TORRE FORUM, 5-B  
City-St-Zip: SANTO DOMINGO, DOMINICAN REP, DN

Title: MGRM  
Name: SANTRONI, ROMINA B  
Address: AV.27 DE FEBRERO #495, TORRE FORUM, 5-B  
City-St-Zip: SANTO DOMINGO, DOMINICAN REP, DN

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: JOSE A. QUIROZ

MGRM

06/11/2012

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