

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005267

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** PEREZ-ABREU, AGUERREBERE, SUEIRO & TORRES, P.L.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 650  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., STE 650  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0942623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGUERREBERE, JUAN  
2121 PONCE DE LEON BLVD.  
650  
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: CARLOS PEREZ-ABREU  
Address: 9301 S.W. 83RD STREET  
City-St-Zip: MIAMI, FL 33173 US

Title: MGRM  
Name: JUAN AGUERREBERE, JR.  
Address: 6460 SW 52 STREET  
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM  
Name: ALEXANDER SUEIRO  
Address: 8700 SW 106 STREET  
City-St-Zip: MIAMI, FL 33173 US

Title: MGRM  
Name: TORRES, MICHAEL R  
Address: 9320 SW 82 STREET  
City-St-Zip: MIAMI, FL 33173 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: JUAN AGUERREBERE

MGRM

01/05/2010

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