

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018816

**Entity Name:** MESALINA L.C.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US**FEI Number:** 01-0582786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	CANO HERNANDEZ, JOSE GABRIEL
Address	CARRERA 14 NO 94-A - OFICINA NO 203
City-State-Zip:	BOGOTA, COLOMBIA XX XX

Title	MGRM
Name	JIMENEZ, CLARA INES
Address	CARRERA 14 NO 94-A - OFICINA NO 203
City-State-Zip:	BOGOTA, COLOMBIA XX XX

Title	MGRM
Name	CANO JIMENEZ, JOSE G
Address	CARRERA 14 NO 94-A - OFICINA NO 203
City-State-Zip:	BOGOTA, COLOMBIA XX XX

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CANO HERNANDEZ , JOSE GABRIEL

MGRM

02/07/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date