

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010800

Entity Name: OLD CHAP INVESTMENT GROUP, L.L.C.**Current Principal Place of Business:**1825 PONCE DE LEON BOULEVARD, #365
CORAL GABLES, FL 33134**Current Mailing Address:**1825 PONCE DE LEON BOULEVARD, #365
CORAL GABLES, FL 33134**FEI Number:** 34-1978939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALEZ, ANTONIO P
1825 PONCE DE LEON BOULEVARD, #365
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 PEREA, CARLOS M
Address 921 EL RADO
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name PEREA, HILDA M
Address 921 EL RADO
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name GONZALEZ, ANTONIO P
Address 806 MESSINA AVENUE
City-State-Zip: CORAL GABLES FL 33134Title MGR
Name GONZALEZ, PATRICIA
Address 806 MESSINA AVENUE
City-State-Zip: CORAL GABLES FL 33134

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIO GONZALEZ

M

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date