## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034202

Entity Name: 747 PONCE DE LEON, LLC

**Current Principal Place of Business:** 

747 PONCE DE LEON, SUITE 502 CORAL GABLES. FL 33134

**Current Mailing Address:** 

747 PONCE DE LEON, SUITE 502 CORAL GABLES. FL 33134

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGGIOLO, LUIS F 747 PONCE DE LEON, SUITE 502 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:

Address

Electronic Signature of Registered Agent

747 PONCE DE LEON BLVD STE 502

Date

747 PONCE DE LEON BLVD STE 502

**FILED** Jan 29, 2014

**Secretary of State** 

CC8459731414

Authorized Person(s) Detail:

Title MGRM

Title **MGRM** 

MAGGIOLO, LUIS F Name Name MAGGIOLO, ANA MARIA

Address

City-State-Zip: CORAL GABLES FL 33134 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: LUIS F MAGGIOLO **PRESIDENT** Electronic Signature of Signing Authorized Person(s) Detail

Date

01/29/2014