

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047219

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC8105027676**

**Entity Name:** 142 GIRALDA LLC

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD., SUITE 1025  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD., SUITE 1025  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-4967892

**Certificate of Status Desired:** No

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

ETTEDGUI, ALBERTO  
1600 PONCE DE LEON BLVD., SUITE 1025  
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 MGR  
Name SAIDEN, AMIN  
Address 1643 BRICKELL AVE, APT 2305  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name SAIDEN DE NAVARRO, SILVIA  
Address 1643 BRICKELL AVE, APT 2305  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name SUCRE, VERONICA  
Address 1643 BRICKELL AVE APT 2305  
City-State-Zip: MIAMI FL 33129

*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:** AMIN SAIDEN

MGR

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date