

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000051112

**Entity Name:** CONCORDE LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD  
SUITE 1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 14-0970  
CORAL GABLES, FL 33114 US

**FEI Number:** 20-4905070

**Certificate of Status Desired:** Yes

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

PRATS FERNANDEZ & CO  
999 PONCE DE LEON BLVD  
SUITE 1110  
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 DE LESPINASSE, MARGARETH  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

Title MGRM  
Name MACCS LTD  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

Title MGRM  
Name DE LESPINASSE, CHRISTIAN  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

*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:** MARGARETH DE LESPINASSE

MGRM

01/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date