

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099645

FILED
Apr 21, 2014
Secretary of State
CC8460684722

Entity Name: MATEPINE INVESTMENTS, LLC

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
COCONUT GROVE, FL 33133 US

FEI Number: 20-5697701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GURIAN, JORGE
2665 SOUTH BAYSHORE DRIVE
SUITE 800
COCONUT GROVE, FL 33133 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 CITERONI, TOMMASO A
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name DE AMADIO, ELISABETTA B
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name DE CARPICO, ELENA A
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name AMADIO BEVINI, JOSE LUIS
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name DE ZACCAGNINI, ELIZABETH A
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name AMADIO DE OSIO, MARIA TERESA
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

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: TOMMASO A CITERONI

MGRM

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date