

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000052693

**Entity Name:** PONCE CAT, LLC

**Current Principal Place of Business:**

2990 PONCE DE LEON BLVD., #500  
C/O AJP VENTURES CORPORATION  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2990 PONCE DE LEON BLVD., #500  
C/O AJP VENTURES CORPORATION  
CORAL GABLES, FL 33134 US

**FEI Number:** 01-0898365

**Certificate of Status Desired:** No

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

MENENDEZ, FRANCISCO J  
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET  
MIAMI, FL 33130 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	Title	MGR
Name	MAS, JUAN CARLOS	Name	ZUBIZARRETA, MICHELLE
Address	2990 PONCE DE LEON BLVD., #500 C/O AJP VENTURES CORPORATION	Address	2990 PONCE DE LEON BLVD., PH
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:** JUAN CARLOS MAS

**MGR**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date