

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070760

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC5327506898**

**Entity Name:** DORAL GOLF INVESTMENT, LLC

**Current Principal Place of Business:**

3600 MYSTIC POINT DR., TWR. #300, STE.#102  
AVENTURA, FL 33180

**Current Mailing Address:**

3600 MYSTIC POINT DR., TWR. #300, STE.#102  
AVENTURA, FL 33180

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BILLOCH & ASSOCIATES, P.A.  
11865 S.W. 26 STREET, SUITE G-7  
MIAMI, FL 33175 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 VIZCARRONDO, LEOPOLDO  
Address 3600 MYSTIC POINT DR., TWR. #300,  
STE.#102  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name VIZCARRONDO, ANDRES  
Address 3600 MYSTIC POINT DR., TWR. #300,  
STE.#102  
City-State-Zip: AVENTURA FL 33180

*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:** LEOPOLDO VIZCARRONDO

**MGRM**

**02/25/2015**

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

\_\_\_\_\_  
Date