

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000099886

**Entity Name:** PONCE 1175, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.  
SUITE 1175  
MIAMI, FL 33134

**Current Mailing Address:**

P.O. BOX 561990  
MIAMI, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GUGLIOTTA, EDMUNDO JMR.  
2100 PONCE DE LEON BLVD.  
SUITE 1175  
MIAMI, 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 EUROMODE USA LLC  
Address 2100 PONCE DE LEON BLVD - STE 1175  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name GUGLIOTTA, EDMUNDO  
Address 2100 PONCE DE LEON BLVD - STE 1175  
City-State-Zip: CORAL GABLES FL 33134

Title MMBR  
Name GUGLIOTTA, MARZIA P  
Address 2100 PONCE DE LEON BLVD - STE 1175  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDMUNDO GUGLIOTTA

**MANAGER**

**04/10/2013**

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

\_\_\_\_\_  
Date