

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091577

**Entity Name:** SANTONA OFFICE, LLC

**Current Principal Place of Business:**

435 LEUCADENDRA DR.  
CORAL GABLES, FL 33156

**Current Mailing Address:**

435 LEUCADENDRA DR.  
CORAL GABLES, FL 33156

**FEI Number:** 30-0506217

**Certificate of Status Desired:** Yes

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

DE CESPEDES, CARLOS  
1200 BRICKELL AVE.  
SUITE 1440  
MIAMI, FL 33131 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 MENENDEZ, PEDRO  
Address 435 LEUCADENDRA DR.  
City-State-Zip: CORAL GABLES FL 33156

Title MGRM  
Name MENENDEZ, MAYRA  
Address 435 LEUCADENDRA DR.  
City-State-Zip: CORAL GABLES FL 33156

*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:** PEDRO MENENDEZ

P/D

05/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date