2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025003

Entity Name: CORGORO, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BOULEVARD SUITE 570 CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON BOULEVARD SUITE 570 CORAL GABLES, FL 33146 US

FEI Number: 32-0287607

Name and Address of Current Registered Agent:

JEFFREY S. TANEN, P.A. 4000 PONCE DE LEON BOULEVARD SUITE 570 CORAL GABLES, FL 33146 US

33146 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 | : JEFFREY S. TANEN | | 02/27/2015 |
|-------------------------------|---|-----------------|---|
| | Electronic Signature of Registered Agent | | Date |
| Authorized Person(s) Detail : | | | |
| Title | MGRM | Title | MGR |
| Name | DUMONTET, HECTOR | Name | CORREA, GONZALO |
| Address | 4000 PONCE DE LEON BOULEVARD SUITE 570 | Address | 4000 PONCE DE LEON BOULEVARD SUITE 570 |
| City-State-Zip: | CORAL GABLES FL 33146 | City-State-Zip: | CORAL GABLES FL 33146 |
| Title | MGR | | |
| Name | CORREA, RODOLFO | | |
| Address | 4000 PONCE DE LEON BOULEVARD SUITE 570 | | |
| City-State-Zip: | CORAL GABLES FL 33146 | | |

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.

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No