

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069003

Entity Name: TWO OCEANS 63, LLC

Current Principal Place of Business:

440 SAWGRASS CORPORATE PKWY, STE 212
SUNRISE, FL 33325

Current Mailing Address:

440 SAWGRASS CORPORATE PKWY, STE 212
SUNRISE, FL 33325

FEI Number: 27-0587583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANO, ELIZABETH
10700 NW 66 STREET APT 514
MIAMI, FL 33178 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 DIAZ PEREZ, PASTOR F
Address 440 SAWGRASS CORPORATE PKWY,
STE 212
City-State-Zip: SUNRISE FL 33325

Title MGRM
Name GIORGINI, ALBERTO
Address 440 SAWGRASS CORPORATE PKWY,
STE 212
City-State-Zip: SUNRISE FL 33325

Title MGRM
Name RODRIGUEZ, MARIA I
Address 10870 NW 88 TERRACE
107-7
City-State-Zip: MIAMI FL 33178

Title MGRM
Name GIORGINI BELLAPIANTA, VITO R
Address 10870 NW 88 TERRACE
107-7
City-State-Zip: MIAMI FL 33178

Title MGRM
Name RODRIGUEZ, MARIA I
Address 10870 NW 88 TERRACE
107-7
City-State-Zip: MIAMI FL 33178

Title MGRM
Name GIORGINI BELLAPIANTA, VITO R
Address 10870 NW 88 TERRACE
107-7
City-State-Zip: MIAMI FL 33178

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: ALBERTO GIORGINI

MGRM

04/29/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date