

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085581

**Entity Name:** A SAPIENCE LLC**Current Principal Place of Business:**3245 NW 25TH TERRACE  
BOCA RATON, FL 33434**Current Mailing Address:**3245 NW 25TH TERRACE  
BOCA RATON, FL 33434 US**FEI Number:** 27-0864455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHARD J. O'HARE PA  
1550 MADRUGA AVENUE  
SUITE 120  
CORAL GABLES, FL 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	ZELICO, NESTOR LUIS
Address	3245 NW 25TH TERRACE
City-State-Zip:	BOCA RATON FL 33434

Title	MGRM
Name	ZELICO, MARIA FELISA
Address	3245 NW 25TH TERRACE
City-State-Zip:	BOCA RATON FL 33434

Title	MGRM
Name	GIORGETTI, SANDRA SILVINA
Address	3245 NW 25TH TERRACE
City-State-Zip:	BOCA RATON FL 33434

Title	MGRM
Name	REBOREDO, RICARDO DANIEL
Address	3245 NW 25TH TERRACE
City-State-Zip:	BOCA RATON FL 33434

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:** NESTOR LUIS ZELICO**MANAGING DIRECTOR****01/28/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date