

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106141

Entity Name: MORGANSON, LLC**Current Principal Place of Business:**999 PONCE DE LEON BLVD
SUITE 705
CORAL GABLES, FL 33134**Current Mailing Address:**999 PONCE DE LEON BLVD
SUITE 705
CORAL GABLES, FL 33134 US**FEI Number:** 68-0679328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PADIAL & COMPANY, PA
999 PONCE DE LEON BLVD
SUITE 705
CORAL GABLES, 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:** LILY PADIAL

03/02/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ARRIOLA, MARIA R
Address 999 PONCE DE LEON BLVD
SUITE 705
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ARRIOLA, MARIA T
Address 999 PONCE DE LEON BLVD
SUITE 705
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ARRIOLA, JOSE M
Address 999 PONCE DE LEON BLVD
SUITE 705
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ARRIOLA, ANA L
Address 999 PONCE DE LEON BLVD
SUITE 705
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ARRIOLA, MARIA M
Address 999 PONCE DE LEON BLVD
SUITE 705
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ARRIOLA, CARLOS E
Address 999 PONCE DE LEON BLVD
SUITE 705
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA ARRIOLA

MGR

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date