

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098500

**Entity Name:** BARUVEST DORAL, LLC

**Current Principal Place of Business:**

41 SE 5TH STREET  
SUITE 1502  
MIAMI, FL 33131

**Current Mailing Address:**

41 SE 5TH STREET  
SUITE 1502  
MIAMI, FL 33131 US

**FEI Number:** 27-3539662

**Certificate of Status Desired:** Yes

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

ANTUNEZ, HECTOR  
41 SE 5TH STREET  
SUITE 1502  
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 AMBR  
Name MOU PUI FUNG  
Address 41 SE 5TH STREET, SUITE 1502  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name MOU SHING FUNG  
Address 41 SE 5TH STREET, SUITE 1502  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name ISAZA, JULIO  
Address 41 SE 5TH STREET, SUITE 1502  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name ANTUNEZ, HECTOR  
Address 41 SE 5TH STREET, SUITE 1502  
City-State-Zip: MIAMI FL 33131

*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:** HECTOR ANTUNEZ

AMBR

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date