

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000099281

**Entity Name:** 7770 NOTE ACQUISITION, LLC

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
SUITE 1103  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 PONCE DE LEON BLVD  
SUITE 1103  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-4240226

**Certificate of Status Desired:** No

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

CALLAVA, FAUSTO E  
2020 PONCE DE LEON BLVD  
SUITE 1103  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CALLAVA, FAUSTO E  
Address 2020 PONCE DE LEON BLVD  
SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name AP PARDO HOLDINGS, LTD  
Address 2020 PONCE DE LEON BLVD  
SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name DUARTE-VIERA ENTERPRISES  
Address 2020 PONCE DE LEON BLVD  
SUITE 1103  
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:** FAUSTO CALLAVA

**MANAGER**

**05/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date