

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076947

**Entity Name:** SOUND ASSURANCES LLC

**Current Principal Place of Business:**

300 MALAGA AVE.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

300 MALAGA AVE.  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-2708760

**Certificate of Status Desired:** No

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

STEWART AGENT SERVICES  
110 MERRICK WAY  
3A  
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           MANAGER  
Name            VALDES, CHRISTAIN B  
Address         300 MALAGA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title            MANAGER  
Name            RODRIQUEZ, SAMANTHA  
Address         300 MALAGA AVE.  
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:** SAMANTHA RODRIQUEZ

**MANAGER**

**03/15/2014**

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

\_\_\_\_\_  
Date