

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000027804

**Entity Name:** INFINITY 902, LLC

**Current Principal Place of Business:**

232 ANDALUSIA AVENUE  
SUITE 202  
CORALGABLES, FL 33134

**Current Mailing Address:**

232 ANDALUSIA AVENUE  
SUITE 202  
CORALGABLES, FL 33134 US

**FEI Number:** 45-4661931

**Certificate of Status Desired:** No

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

NCG MANAGEMENT LLC  
232 ANDALUSIA AVENUE  
SUITE 202  
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 MGR  
Name GARANTON, JOSE  
Address 232 ANDALUSIA AVENUE  
SUITE 202  
City-State-Zip: CORALGABLES FL 33134

Title MGR  
Name GARCIA, GERARDO  
Address 232 ANDALUSIA AVENUE  
SUITE 202  
City-State-Zip: CORALGABLES FL 33134

Title MGR  
Name LINCE, ALYSSA  
Address 232 ANDALUSIA AVENUE  
SUITE 202  
City-State-Zip: CORALGABLES 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:** LINCE, ALYSSA

**MANAGER**

**03/06/2014**

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

\_\_\_\_\_  
Date