

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000040352

**Entity Name:** DUPONT VENUE, LLC

**Current Principal Place of Business:**

169 E FLAGLER ST  
PENTHOUSE  
MIAMI, FL 33131

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC9341246996**

**Current Mailing Address:**

169 E FLAGLER ST  
PENTHOUSE  
MIAMI, FL 33131 US

**FEI Number:** 45-4914119

**Certificate of Status Desired:** No

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

HARRIS, ELLIOTT  
111 SW 3RD ST  
6TH FLOOR  
MIAMI, FL 33130 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           | MG                            | Title           | MG                            |
| Name            | RESSLER, GARY                 | Name            | BENHAMRON, URI                |
| Address         | 169 E FLAGLER ST<br>PENTHOUSE | Address         | 169 E FLAGLER ST<br>PENTHOUSE |
| City-State-Zip: | MIAMI FL 33131                | 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** URI BENHAMRON

MG

01/25/2013

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

\_\_\_\_\_  
Date