

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000066324

**Entity Name:** PENTAGRAMA, LLC

**Current Principal Place of Business:**

2950 GLADES CIR, UNIT 7  
WESTON, FL 33327

**Current Mailing Address:**

2950 GLADES CIR, UNIT 7  
WESTON, FL 33327

**FEI Number:** 90-0977589

**Certificate of Status Desired:** No

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

GBS CONSULTANTS, INC.  
18501 PINES BLVD.  
SUITE 201  
PEMBROKE PINES, FL 33029 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 JIMENEZ, IVAN J  
Address 3865 E COQUINA WAY  
City-State-Zip: WESTON FL 33332

Title MGR  
Name RUIZ, DALIA M  
Address 3865 E COQUINA WAY  
City-State-Zip: WESTON FL 33332

Title MGR  
Name JIMENEZ, IVANNA  
Address 3865 E COQUINA WAY  
City-State-Zip: WESTON FL 33332

Title MGR  
Name CABRERA, JOSE A  
Address 3865 E COQUINA WAY  
City-State-Zip: WESTON FL 33332

*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:** JOSE CABRERA

MGR

03/16/2014

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

\_\_\_\_\_  
Date