

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000068770

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC3394109453**

**Entity Name:** MARENCO WILLIAMS & PADRON, PL

**Current Principal Place of Business:**

7200 CORPORATE CENTER DRIVE  
SUITE 510  
MIAMI, FL 33126

**Current Mailing Address:**

7200 CORPORATE CENTER DRIVE  
SUITE 510  
MIAMI, FL 33126

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MARENCO, LESLIE V  
7200 CORPORATE CENTER DRIVE  
SUITE 510  
MIAMI, FL 33126 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 MARENCO, LESLIE V  
Address 7200 CORPORATE CENTER DRIVE,  
SUITE 510  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name WILLIAMS, ALEXANDER A  
Address 7200 CORPORATE CENTER DRIVE,  
SUITE 510  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name PADRON, CRISTOBAL D  
Address 7200 CORP CENTER DR  
510  
City-State-Zip: MIAMI FL 33126

*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:** MARENCO , LESLIE V

**MGRM**

**01/15/2014**

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

\_\_\_\_\_  
Date