

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000121977

**Entity Name:** GONZALO DE RAMON, LLC

**Current Principal Place of Business:**

5301 RIVERA DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

5301 RIVERA DRIVE  
CORAL GABLES, FL 33146

**FEI Number:** 46-3851149

**Certificate of Status Desired:** No

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

DE RAMON, GONZALO  
5301 RIVERA DRIVE  
CORAL GABLES, FL 33146 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 DE RAMON, GONZALO  
Address 5301 RIVERA DRIVE  
City-State-Zip: CORAL GABLES FL 33146

*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:** GONZALO DERAMON

**MANAGER**

**02/24/2015**

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

\_\_\_\_\_  
Date