

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000019912

**Entity Name:** TALEON LLC

**Current Principal Place of Business:**

16120 SW 98TH CT  
MIAMI, FL 33157

**Current Mailing Address:**

16120 SW 98TH CT  
MIAMI, FL 33157 US

**FEI Number:** 47-3518552

**Certificate of Status Desired:** No

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

VENTOSO, TATIANA  
16120 SW 98TH CT  
MIAMI, FL 33157 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              | Title           | MGR              |
| Name            | LEON, LUIS E.    | Name            | VENTOSO, TATIANA |
| Address         | 16120 SW 98TH CT | Address         | 16120 SW 98TH CT |
| City-State-Zip: | MIAMI FL 33157   | City-State-Zip: | MIAMI FL 33157   |
|                 |                  |                 |                  |
| Title           | MGR              |                 |                  |
| Name            | VELAZQUEZ, ARIEL |                 |                  |
| Address         | 16120 SW 98TH CT |                 |                  |
| City-State-Zip: | MIAMI FL 33157   |                 |                  |

*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:** TATIANA VENTOSO

MGR

03/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date