**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 04, 2014**
**Secretary of State**
**CC5241906139**

DOCUMENT# L99000005267

**Entity Name:** PEREZ-ABREU, AGUERREBERE, SUEIRO & TORRES, P.L.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., STE 650
CORAL GABLES, FL 33134 US

**FEI Number: 65-0942623**

**Certificate of Status Desired:** No

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

AGUERREBERE, JUAN
2121 PONCE DE LEON BLVD.
650
CORAL GABLES, FL 33134 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 | Title | MGRM |
| Name | CARLOS PEREZ-ABREU | Name | JUAN AGUERREBERE, JR. |
| Address | 9301 S.W. 83RD STREET | Address | 6460 SW 52 STREET |
| City-State-Zip: | MIAMI FL 33173 | City-State-Zip: | MIAMI FL 33155 |
| Title | MGRM | Title | MGRM |
| Name | ALEXANDER SUEIRO | Name | TORRES, MICHAEL R |
| Address | 8700 SW 106 STREET | Address | 9320 SW 82 STREET |
| City-State-Zip: | MIAMI FL 33173 | City-State-Zip: | MIAMI FL 33173 |

*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: CARLOS PEREZ-ABREU MANAGING MEMBER 03/04/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date