

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005267

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

**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  
Name CARLOS PEREZ-ABREU  
Address 9301 S.W. 83RD STREET  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name JUAN AGUERREBERE, JR.  
Address 6460 SW 52 STREET  
City-State-Zip: MIAMI FL 33155

Title MGRM  
Name ALEXANDER SUEIRO  
Address 8700 SW 106 STREET  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name TORRES, MICHAEL R  
Address 9320 SW 82 STREET  
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