

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002263

**Entity Name:** 999 PONCE, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD  
STE 101  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD  
101  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1588797

**Certificate of Status Desired:** No

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

VALENCIA REGISTERED SERVICES, LLC  
75 VALENCIA AVE.  
FOURTH FLOOR  
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:** MARTHA FERNANDEZ

03/14/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PONCE 999 MEMBER, INC.  
Address 999 PONCE DE LEON BLVD  
101  
City-State-Zip: CORAL GABLES FL 33134

Title PT  
Name ROSALES, XAVIER F  
Address 819 HARBOR DR  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name FERNANDEZ, MARTHA  
Address 999 PONCE DE LEON BLVD  
740  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ROSALES, VANESSA  
Address 819 HARBOR DR  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** XAVIER F. ROSALES

PRESIDENT

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date