

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000158

**Entity Name:** CORTES CONSTRUCTION SERVICES, LLC

**Current Principal Place of Business:**

40351 U.S. HIGHWAY 19 N.  
UNIT 310  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

40351 U.S. HIGHWAY 19N  
SUITE 310  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 90-0175750

**Certificate of Status Desired:** No

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

CORTES, GIANCARLOS L  
2965 MAPLE TRACE  
TARPON SPRINGS, FL 34688 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 CORTES, GIANCARLOS L  
Address C/O CORTES CONSTRUCTION  
40351 U.S. HIGHWAY 19 N SUITE 310  
City-State-Zip: TARPON SPRINGS FL 34689

Title S  
Name CORTES, LARA L  
Address 2965 MAPLE TRACE  
City-State-Zip: TARPON SPRINGS FL 34688

Title VP  
Name CORRAL, MICHAEL  
Address C/O CORTES CONSTRUCTION  
40351 U.S. HIGHWAY 19 N SUITE 310  
City-State-Zip: TARPON SPRINGS FL 34689

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:** LARA CORTES

**SECRETARY**

**03/04/2015**

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

\_\_\_\_\_  
Date