

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000144950

Entity Name: AXIAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES, FL 33134 US

FEI Number: 47-1908891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCARIZ, HIRAM D
999 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 MGR
Name OCARIZ, HIRAM D
Address 999 PONCE DE LEON BLVD SUITE 650
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name HEVIA, MARIA
Address 999 PONCE DE LEON BLVD SUITE 650
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name GARRASTACHO, DENISE
Address 999 PONCE DE LEON BLVD SUITE 650
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name CHADDERTON, TREVOR
Address 999 PONCE DE LEON BLVD SUITE 650
City-State-Zip: CORAL GABLES FL 33134

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: HIRAM D. OCARIZ

MGR

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date