

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027440

Entity Name: CONFYPEL, LLC**Current Principal Place of Business:**3500 MYSTIC POINTE DR., TWR 400, APT. 3004
AVENTURA, FL 33180**Current Mailing Address:**3500 MYSTIC POINTE DR., TWR 400, APT. 3004
AVENTURA, FL 33180**FEI Number:** 20-0479131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAINZA PAZ, GUILLERMO JUAN
3500 MYSTIC POINTE DR.
TWR 400, APT 3004
AVENTURA, FL 33180 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 | GAINZA PAZ, GUILLERMO JUAN |
| Address | 3500 MYSTIC POINTE DR, TWR 400 APT 3004 |
| City-State-Zip: | AVENTURA FL 33180 |

| | |
|-----------------|--|
| Title | MGRM |
| Name | DE URQUIZA, MARIA MARTA |
| Address | 3500 MYSTIC POINTE DR, TWR 400 APT 3004 |
| City-State-Zip: | AVENTURA FL 33180 |

| | |
|-----------------|---|
| Title | MGRM |
| Name | DE URQUIZA, CAROLINA NYDIA |
| Address | 3500 MYSTIC POINTE DR., TWR 400, APT. 3004 |
| City-State-Zip: | AVENTURA FL 33180 |

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: GUILLERMO JUAN GAINZA PAZ

MGRM

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date