

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043803

**Entity Name:** LLPB INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

2101 BRICKELL AVENUE  
#310  
MIAMI, FL 33129

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC1477495777**

**Current Mailing Address:**

2655 LEJEUNE ROAD  
SUITE 316  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-2783472

**Certificate of Status Desired:** No

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

FLORIDA COMPANY REGISTRY INC.  
2655 LEJEUNE ROAD  
SUITE 316  
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 MGRP  
Name BENTIN, LUIS P  
Address CALLE SEVILLA 244  
City-State-Zip: MIRAFLORES, LIMA PERU

Title MGR  
Name BENTIN, PATRICIA  
Address CALLE SEVILLA 244  
City-State-Zip: MIRAFLORES, LIMA PERU

Title VP  
Name BENTIN, PATRICIA  
Address CALLE SEVILLA 244  
City-State-Zip: MIRAFLORES, LIMA PERU

Title S  
Name FREED, OWEN S  
Address 10 EDGEWATER DRIVE, #4C  
City-State-Zip: CORAL GABLES FL 33133

*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: OWEN S. FREED** **S** **01/22/2016**  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date