

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122466

**Entity Name:** RIPA, LLC

**Current Principal Place of Business:**

651 OKEECHOBEE BLVD., APT. 1008  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

651 OKEECHOBEE BLVD., APT. 1008  
WEST PALM BEACH, FL 33401

**FEI Number:** 03-0577497

**Certificate of Status Desired:** Yes

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

BRADEN, LISA  
4623 FOREST HILL BLVD., STE. 111  
WEST PALM BEACH, FL 33415 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 DARE', AMOS  
Address 651 OKEECHOBEE BLVD., APT. 810  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM  
Name MARCHETTI, MARIA  
Address 651 OKEECHOBEE BLVD., APT. 810  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name CHESTER, GARTH LE  
Address 651 OKEECHOBEE BLVD., APT. 1008  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MARIA MARCHETTI

**MANAGER**

**01/22/2014**

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

\_\_\_\_\_  
Date