	NCE DE LEON BLVD., SUITE 101 GABLES, FL 33134			
FEI Numb	per: 26-3162842		Certificate of Status Desired: No	
Name and	d Address of Current Registered Agen	nt:		
	IAYRA IAELSON WAY W ILLE, FL 32223 US			
The above na	med entity submits this statement for the purpose of char	nging its registered office or re	gistered agent, or both, in the State of Flo	orida.
	med entity submits this statement for the purpose of char IRE: MAYRA URBANO	nging its registered office or re	gistered agent, or both, in the State of Flo	orida. 04/08/2016
		nging its registered office or re	gistered agent, or both, in the State of Flo	
SIGNATU	IRE: MAYRA URBANO	nging its registered office or re	gistered agent, or both, in the State of Flo	04/08/2016
SIGNATU	IRE: MAYRA URBANO Electronic Signature of Registered Agent	nging its registered office or re	gistered agent, or both, in the State of Flo	04/08/2016
SIGNATU Authorize	IRE: MAYRA URBANO Electronic Signature of Registered Agent ed Person(s) Detail :			04/08/2016

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070799

Entity Name: NOPETRO LLC

Current Principal Place of Business:

2625 PONCE DE LEON BLVD., SUITE 101 CORAL GABLES, FL 33134

Current Mailing Address:

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: JONATHAN LOCKE

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 08, 2016 **Secretary of State** CC4516866882

PRESIDENT

City-State-Zip: CORAL GABLES FL 33134