

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108353

**Entity Name:** PASTORE, LLC

**Current Principal Place of Business:**

8400 N.W. 58 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

8400 NW 58TH STREET  
MIAMI, FL 33166

**FEI Number:** 98-0640787

**Certificate of Status Desired:** No

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

PRATS FERNANDEZ & CO.  
2121 PONCE DE LEON BLVD  
SUITE 240  
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                 | Title           | MGR                 |
| Name            | PASTORE, PEDRO      | Name            | DE PASTORE, RITA    |
| Address         | 8400 NW 58TH STREET | Address         | 8400 NW 58TH STREET |
| City-State-Zip: | MIAMI, FL 33166     | City-State-Zip: | MIAMI, FL 33166     |

*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:** PASTORE, PEDRO

MGR

02/04/2014

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

\_\_\_\_\_  
Date