

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115025

**Entity Name:** FLIPY INVEST, C.A. LLC

**Current Principal Place of Business:**

10520 SW 158 CT  
APT 207  
MIAMI, FL 33196

**FILED**  
**Feb 17, 2017**  
**Secretary of State**  
**CC5421604610**

**Current Mailing Address:**

10520 SW 158 CT  
APT 207  
MIAMI, FL 33196

**FEI Number:** 27-1409151

**Certificate of Status Desired:** No

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

GONZALEZ, VIRGINIA  
10520 SW 158 CT  
APT. 207  
MIAMI, FL 33196 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 FLIPY INVEST, C.A.  
Address 10520 SW 158 CT APT 207  
City-State-Zip: MIAMI FL 33196

Title PRESIDENT  
Name GONZALEZ, VIRGINIA  
Address 10520 SW 158TH CT  
APT 207  
City-State-Zip: MIAMI FL 33196

*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:** VIRGINIA GONZALEZ

**PRESIDENT**

**02/17/2017**

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

\_\_\_\_\_  
Date