

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075349

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC8699232885**

**Entity Name:** LARVEL INVESTMENTS, LLC

**Current Principal Place of Business:**

770 CLAUGHTON ISLAND DRIVE, UNIT 704  
MIAMI, FL 33131

**Current Mailing Address:**

770 CLAUGHTON ISLAND DRIVE, UNIT 704  
MIAMI, FL 33131

**FEI Number:** 99-0367252

**Certificate of Status Desired:** No

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

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE, STE. 500  
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  
Name LARRAIN, OSCAR  
Address 770 CLAUGHTON ISLAND DRIVE, UNIT 704  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LARRAIN, RICARDO  
Address 770 CLAUGHTON ISLAND DRIVE, UNIT 704  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LARRAIN, CARLOS  
Address 770 CLAUGHTON ISLAND DRIVE, UNIT 704  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LARRAIN, ELISA  
Address 770 CLAUGHTON ISLAND DRIVE, UNIT 704  
City-State-Zip: MIAMI FL 33131

*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:** CARLOS LARRAIN

**MGR**

**03/01/2016**

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

\_\_\_\_\_  
Date