

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000132333

Entity Name: BARBOINVEST LLC**Current Principal Place of Business:**300 S BISCAYNE BLVD,
UNIT 2309
MIAMI, FL 33131**Current Mailing Address:**300 S BISCAYNE BLVD,
UNIT 2309
MIAMI, FL 33131 US**FEI Number:** 46-1206767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BABINO, NORKA
1110 BRICKELL AVENUE
SUITE 400
MIAMI, FL 33131 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:** BABINO NORKA

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------------------|
| Title | MGRM |
| Name | BARBOZA, ARTURO |
| Address | 300 S BISCAYNE BLVD, UNIT 2309 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|-----------------------------------|
| Title | MGRM |
| Name | SCHMIDT, PEGGY |
| Address | 300 S BISCAYNE BLVD, UNIT 2309 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|-----------------------------------|
| Title | MGRM |
| Name | BARBOZA, JESSICA |
| Address | 300 S BISCAYNE BLVD, UNIT 2309 |
| 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: SCHMIDT , PEGGY

MGRM

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date