

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000146560

**Entity Name:** PBP INVESTMENTS, LLC

**Current Principal Place of Business:**

12161 KEN ADAMS WAY  
209  
WELLINGTON, FL 33414

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**6087982594CC**

**Current Mailing Address:**

12161 KEN ADAMS WAY  
209  
WELLINGTON, FL 33414 US

**FEI Number:** 46-2101193

**Certificate of Status Desired:** No

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

DOORAKIAN, DANIEL ESQ.  
12161 KEN ADAMS WAY  
209  
WELLINGTON, FL 33414 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 AR  
Name DOORAKIAN, DANIEL ESQ.  
Address 625 N. FLAGLER DRIVE  
SUITE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name MORALES, DANIEL MARCELO  
Address 1845 NW 112 AVE.  
SUITE 189  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name MORALES, HUGO M  
Address 1845 NW 112 AVE  
189  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name MONASTERIO, TAMARA  
Address 1845 NW 112 AVE  
189  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name MORALES, DIEGO  
Address 1845 NW 112 AVE  
189  
City-State-Zip: MIAMI FL 33172

Title AMBR  
Name MORALES JORDAN, SARAH MOIRA  
Address 1845 NW 112 AVE  
189  
City-State-Zip: MIAMI FL 33172

*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:** DANIEL MORALES

**MANAGER**

**02/08/2019**

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

\_\_\_\_\_  
Date