

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000009310

Entity Name: WEST PALM IMPACT SYSTEMS LLC

Current Principal Place of Business:

5141 NW 79TH AVE UNIT 1
DORAL, FL 33166

Current Mailing Address:

5141 NW 79TH AVE, UNIT 1
DORAL, FL 33166 US

FEI Number: 13-0009310

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTALVO, LUIS ALEJANDRO
5141 NW 79TH AVE, UNIT 1
DORAL, FL 33166 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 MONTALVO, LUIS ALEJANDRO
Address 5141 NW 79TH AVE UNIT 1
City-State-Zip: DORAL FL 33166

Title MGR
Name ESTEVEZ, MIGDALIA I
Address 5141 NW 79TH AVE UNIT 1
City-State-Zip: DORAL FL 33166

Title MGR
Name MONTALVO, ALEJANDRO
Address 5141 NW 79TH AVE UNIT 1
City-State-Zip: DORAL 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: LUIS ALEJANDRO MONTALVO

MGR

01/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date