

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000035955

**Entity Name:** JACQUELINE PINTO, LLC

**Current Principal Place of Business:**

7643 SW 193 ST  
MIAMI, FL 33157

**Current Mailing Address:**

7643 SW 193 ST  
MIAMI, FL 33157

**FEI Number:** 46-1895450

**Certificate of Status Desired:** Yes

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

PINTO, JACQUELINE  
7643 SW 193 ST  
MIAMI, FL 33157 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           MGM  
Name           PINTO, JACQUELINE  
Address        7643 SW 193 ST  
City-State-Zip: MIAMI FL 33157

*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:** JACQUELINE PINTO

MGM

01/25/2015

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

\_\_\_\_\_ Date