

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000076891

**Entity Name:** PAPALE INVESTMENTS, LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON., UNIT 130  
CORAL GABLES, FL 33134

**Current Mailing Address:**

8899 NW 107TH COURT  
UNIT 210/12  
DORAL, FL 33178 US

**FEI Number:** 46-5640501

**Certificate of Status Desired:** No

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

CALDERARO, SANDRA R  
6301 NW 5TH WAY  
2000  
FORT LAUDERDALE, FL 33309 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            | PAPALE, ROSELLA                               |
| Address         | AV.PAEZ C/C C, EDIF. TROPICALIA,<br>APT. 22   |
| City-State-Zip: | EL PARAISO-CARACAS DC 1020                    |
| Title           | AMBR  |
| Name            | PAPALE, PANFILO                               |
| Address         | CALLE JUNIN, RES.JUNIN, APT.5I, EL<br>PARAISO |
| City-State-Zip: | EL PARAISO-CARACAS DC 1020                    |

|                 |   |
|-----------------|---|
| Title           | AMBR  |
| Name            | PAPALE, YAMELLY                               |
| Address         | CALLE JUNIN, RES.JUNIN, APT.5I                |
| City-State-Zip: | EL PARAISO-CARACAS DC 1020                    |
| Title           | AMBR  |
| Name            | PAPALE, ROSANNA                               |
| Address         | CALLE JUNIN, RES.JUNIN, APT.5I, EL<br>PARAISO |
| City-State-Zip: | EL PARAISO-CARACAS DC 1020                    |

*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:** ROSELLA PAPALE

**OWNER**

**04/14/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date