

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000122825

**Entity Name:** PUELCHE, LLC

**Current Principal Place of Business:**

8300 NW 53 ST  
SUITE: 350  
DORAL, FL 33178

**Current Mailing Address:**

8300 NW 53 ST  
SUITE: 350  
DORAL, FL 33178 US

**FEI Number:** 47-1516424

**Certificate of Status Desired:** Yes

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

BABINO, NORKA  
1110 BRICKELL AVE  
SUITE: 430  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MARIO DOS SANTOS ARAUJO  
Address 1110 BRICKELL AVENUE STE: 430  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name MARIA GORETTI MOREIRA DE DOS SANTOS  
Address 1110 BRICKELL AVENUE STE: 430  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MICHAEL DOS SANTOS MOREIRA  
Address 1110 BRICKELL AVENUE STE: 430  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name WILLIAM DOS SANTOS MOREIRA  
Address 1110 BRICKELL AVENUE STE: 430  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name GUSTAVO DOS SANTOS MOREIRA  
Address 1110 BRICKELL AVENUE STE: 430  
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:** MARIA MOREIRA

MS.

03/10/2015

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

\_\_\_\_\_  
Date