

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000122825

Entity Name: PUELCHE, LLC**Current Principal Place of Business:**17150 N BAY RD
APT 2503
SUNNY ISLES, FL 33160**Current Mailing Address:**17150 N BAY RD
APT 2503
SUNNY ISLES, FL 33160 US**FEI Number:** 47-1516424**Certificate of Status Desired:** No**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 17150 N BAY RD
APT 2503
City-State-Zip: SUNNY ISLES FL 33160

Title MGR
Name MICHAEL DOS SANTOS MOREIRA
Address 17150 N BAY RD
APT 2503
City-State-Zip: SUNNY ISLES FL 33160

Title MGR
Name GUSTAVO DOS SANTOS MOREIRA
Address 17150 N BAY RD
APT 2503
City-State-Zip: SUNNY ISLES FL 33160

Title AMBR
Name MARIA GORETTI MOREIRA DE DOS SANTOS
Address 17150 N BAY RD
APT 2503
City-State-Zip: SUNNY ISLES FL 33160

Title MGR
Name WILLIAM DOS SANTOS MOREIRA
Address 17150 N BAY RD
APT 2503
City-State-Zip: SUNNY ISLES FL 33160

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 GORETTI MOREIRA

MS

01/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date