

2017 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 436 LAKEVIEW DR
UNIT 103
City-State-Zip: WESTON FL 33326

Title MGR
Name MICHAEL DOS SANTOS MOREIRA
Address 436 LAKEVIEW DR
UNIT 103
City-State-Zip: WESTON FL 33326

Title MGR
Name GUSTAVO DOS SANTOS MOREIRA
Address 436 LAKEVIEW DR
UNIT 103
City-State-Zip: WESTON FL 33326

Title AMBR
Name MARIA GORETTI MOREIRA DE DOS
SANTOS
Address 436 LAKEVIEW DR
UNIT 103
City-State-Zip: WESTON FL 33326

Title MGR
Name WILLIAM DOS SANTOS MOREIRA
Address 436 LAKEVIEW DR
UNIT 103
City-State-Zip: WESTON FL 33326

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: GUSTAVO DOS SANTOS

MR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date