

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000127432

Entity Name: PATERNAL LLC

Current Principal Place of Business:

6248 SW 25 STREET
MIAMI, FL 33155

Current Mailing Address:

6248 SW 25 STREET
MIAMI, FL 33155 US

FEI Number: 47-5401067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLSEN, GABRIELA
6248 SW 25 STREET
MIAMI, FL 33155 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 OLSEN, GABRIELA
Address 6248 SW 25 STREET
City-State-Zip: MIAMI FL 33155

Title AMBR
Name OLSEN, FEDERICO
Address 6248 SW 25 STREET
City-State-Zip: MIAMI FL 33155

Title AMBR
Name OLSEN, CHRISTIAN
Address 6248 SW 25 STREET
City-State-Zip: MIAMI FL 33155

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: GABRIELA OLSEN

MEMBER

05/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date