

**2019 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

AMBR

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date