

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000133272

Entity Name: LOLLIPOPS INVESTMENTS, LLC**Current Principal Place of Business:**3 GROVE ISLE DRIVE
SUITE 1007
COCONUT GROVE, FL 33133**Current Mailing Address:**3 GROVE ISLE DRIVE
SUITE 1007
COCONUT GROVE, FL 33133 US**FEI Number:** 47-4797458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOMERSET CORPORATE SERVICES, INC.
1 ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134 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	MGR
Name	MONTEVERDE MIBELLI, SANTIAGO
Address	3 GROVE ISLE DRIVE SUITE 1007
City-State-Zip:	COCONUT GRIVE FL 33133

Title	MGR
Name	MONTEVERDE MORALES, ANA C
Address	3 GROVE ISLE DRIVE SUITE 1007
City-State-Zip:	COCONUT GROVE FL 33133

Title	MGR
Name	MONTEVERDE MORALES, SANTIAGO R
Address	3 GROVE ISLE DRIVE SUITE 1007
City-State-Zip:	COCONUT GROVE FL 33133

Title	MGR
Name	MONTEVERDE MORALES, RODRIGO
Address	3 GROVE ISLE DRIVE SUITE 1007
City-State-Zip:	COCONUT GROVE FL 33133

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: ANA C MONTEVERDE MORALES**MANAGER****06/09/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date