## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000104813

Entity Name: PIERINVEST LLC

**Current Principal Place of Business:** 

8369 NW 66 STREET SUITE # B2185 MIAMI, FL 33166 FILED
Jan 02, 2018
Secretary of State
CC6891950749

## **Current Mailing Address:**

8369 NW 66 STREET SUITE # B2185 MIAMI, FL 33166 US

FEI Number: 82-1558561 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

PIERRE, LUIS SR 10773 NW 58TH STREET SUITE# 120 DORAL, FL 33178 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 Title AMBR

Name CACERES PIERRE, LUIS W SR Name CACERES PIERRE, LUIS W SR

Address 8369 NW 66 STREET SUITE # B2185 Address 8369 NW 66 STREET SUITE # B2185

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

Title AP

Name CACERES PIERRE, LUIS W SR
Address 8369 NW 66 STREET SUITE # B2185

City-State-Zip: MIAMI FL 33166

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: CACERES PIERRE LUIS WALTER

**MANAGER** 

01/02/2018