

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000133095

**Entity Name:** RESTAPRENEURS, LLC

**Current Principal Place of Business:**

801 NORTHPOINT PKWY.  
80  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

801 NORTHPOINT PKWY.  
80  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 82-1939321

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SOLMS, ERICK  
801 NORTHPOINT PKWY.  
80  
WEST PALM BEACH, FL 33407 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 SOLMS, ERICK  
Address 801 NORTHPOINT PKWY., STE. 80  
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR  
Name LINARES, PEDRO  
Address 801 NORTHPOINT PKWY., STE. 80  
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR  
Name MIKEL, PAUL  
Address 801 NORTHPOINT PKWY., STE. 80  
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR  
Name SCHIAVONE, GIORGIO  
Address 801 NORTHPOINT PKWY.  
SUITE 80  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** ERICK SOLMS

**MEMBER**

**02/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date