

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000128608

**Entity Name:** FAVIPI LLC

**Current Principal Place of Business:**

45 SW 9TH STREET  
APTO 3708  
MIAMI, FL 33130

**Current Mailing Address:**

45 SW 9TH STREET  
APTO 3708  
MIAMI, FL 33130 US

**FEI Number:** 30-1081880

**Certificate of Status Desired:** No

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

SACONSA GROUP LLC  
7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166 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 MANAGER  
Name INGOGLIA, FRANCESCO P  
Address 3131 NE 7TH AVENUE ONE PARAÍSO  
1202  
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED MEMBER  
Name INGOGLIA, PEDRO  
Address 3131 NE 7TH AVENUE ONE PARAÍSO  
1202  
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED MEMBER  
Name DI PRIMA, ADA  
Address 3131 NE 7TH AVENUE ONE PARAÍSO  
1202  
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED MEMBER  
Name INGOGLIA, VICENTE  
Address 3131 NE 7TH AVENUE ONE PARAÍSO  
1202  
City-State-Zip: MIAMI FL 33137

*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:** INGOGLIA , FRANCESCO P

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date