

**2020 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  
3625 NW 82 AVENUE  
SUITE 337 SUITE 100-K  
DORAL, 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	MGRM
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:** FRANCESCO P INGOGLIA**04/24/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date