

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000350433

Entity Name: INVELPEL, LLC**Current Principal Place of Business:**7900 NOVA DRIVE
UNIT 201
DAVIE, FL 33324**Current Mailing Address:**7900 NOVA DRIVE
UNIT 201
DAVIE, FL 33324 UN**FEI Number:** 85-3945608**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEE, ANDREW S ESQUIRE
7900 NOVA DRIVE
UNIT 201
DAVIE, FL 33324 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 | VELILLA, JORGE H |
| Address | AVENIDA CARRERA 15 #119-86, APTO 502 |
| City-State-Zip: | BOGOTA CO 00000 |

| | |
|-----------------|-------------------------------------|
| Title | AMBR |
| Name | PELAEZ DE VELILLA, PATRICIA |
| Address | AVENIDA CARRERA 15#119-86, APTO 502 |
| City-State-Zip: | BOGOTA CO 00000 |

| | |
|-----------------|--------------------------------|
| Title | AMBR |
| Name | VELILLA, ANDRES F |
| Address | 8 RUE FREYTAG |
| City-State-Zip: | LAC-BROME, QC J0E 1K0 CA 00000 |

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: JORGE VELILLA

MANAGER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date